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BOYLSTON PRIZE ESSAY, 1871.

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DISEASES OF THE SKIN;

THE RECENT ADVANCES

IN THEIR

PATHOLOGY AND TREATMENT.

BY

B. JOY JEFFRIES, A. M., M. D.

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BOYLSTON PRIZE ESSAY.

RECENT ADVANCES IN THE PATHOLOGY AND TREATMENT OF DISEASES OF THE SKIN.

BY

B. JOY JEFFRIES, A.M., M.D.,

FELLOW OF THE MASSACHUSETTS MEDICAL SOCIETY; MEMBER OF THE AMERICAN OPHTHALMOLOGICAL SOCIETY; OPHTHALMIC SURGEON TO THE MASSACHUSETTS CHARITABLE EYE AND EAR INFIRMARY; OPHTHALMIC SURGEON TO THE CARNEY HOSPITAL; LECTURER ON OPTICAL PHENOMENA AND THE EYE, AT HARVARD UNIVERSITY; LATE LECTURER ON DISEASES OF THE SKIN AT BERKSHIRE MEDICAL COLLEGE.

„Wer häufig mit den Mitteln wechselt, wird sicher nicht so schnell zum Ziele gelangen als Jener, der das in dem betreffenden Falle Angezeigte mit Geduld und Beharrlichkeit anwenden läßt.“—HEBRA.

Translation:

“He who is always changing his plan of treatment is sure not to attain his object so quickly as one who steadily and patiently applies whatever remedy seems best suited to the case.”

BOYLSTON MEDICAL PRIZE QUESTIONS.

The BOYLSTON MEDICAL COMMITTEE, appointed by the President and Fellows of Harvard University, consists of the following Physicians:—

JOHN JEFFRIES, M.D.	CHAS. G. PUTNAM, M.D.	RICHARD M. HODGES, M.D.
J. B. S. JACKSON, M.D.	MORRILL WYMAN, M.D.	CALVIN ELLIS, M.D.
D. H. STORER, M.D.	HENRY J. BIGELOW, M.D.	SAMUEL CABOT, M.D.

At the Annual Meeting of the Committee, it was voted that the Prize of One Hundred and Fifty Dollars be awarded to B. JOY JEFFRIES, M.D., of Boston, Mass., for a dissertation on the subject, “Recent Advances in the Pathology and Treatment of Cutaneous Diseases.”

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

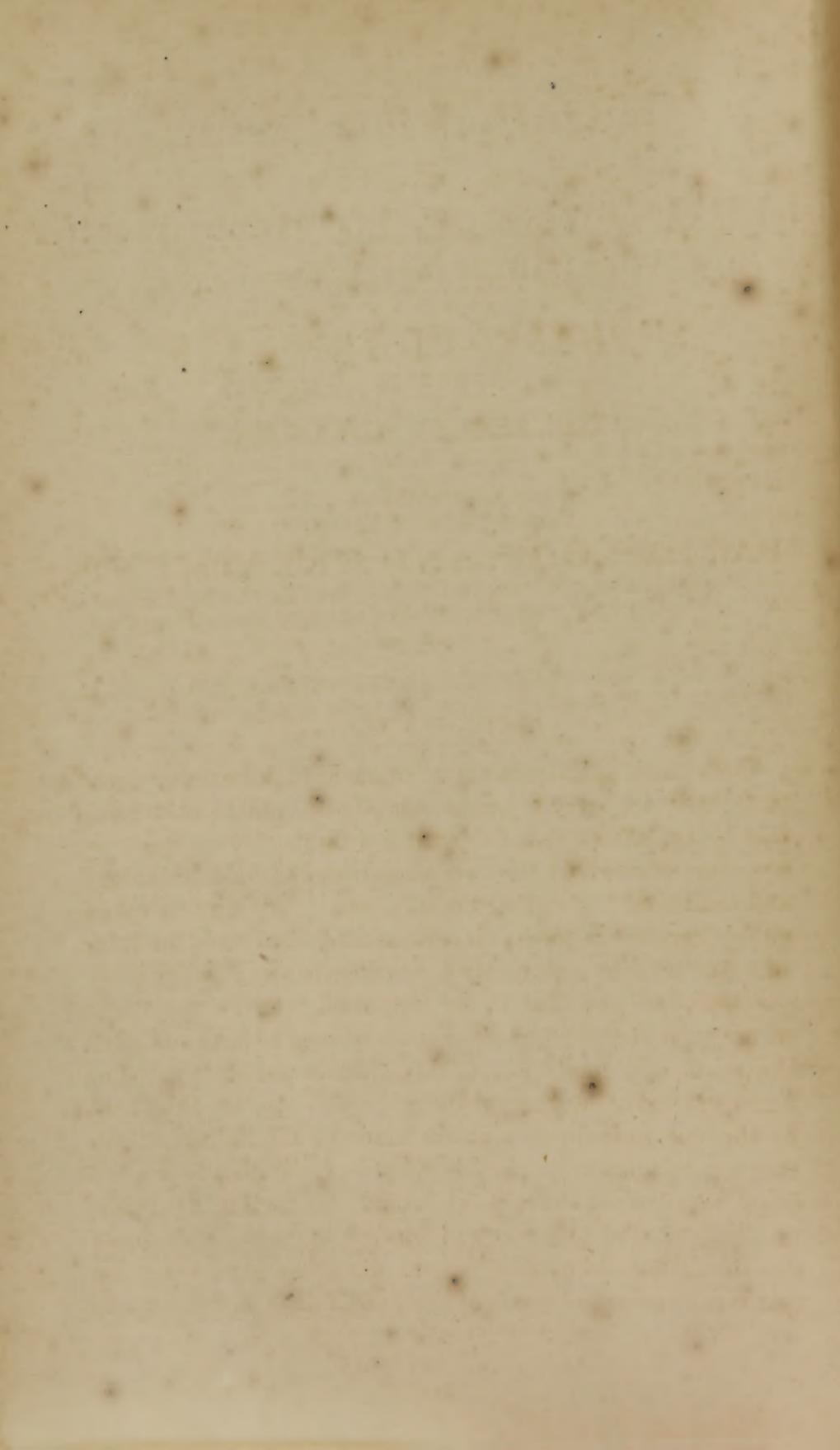
2d. That, in case of publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

RICHARD M. HODGES, *Sec'y.*

AVIS.

To avoid repeated and confusing references, all works referred to were added in a numbered list at the end, so that in the text the first number denoted the book, and the rest the special date and year, et cetera. As these references have in the printing been omitted in the text, the author can only request his readers, should they desire, to write him for any special reference they need to know.

This article being written anonymously, all special personal experience of the writer, and reference to his published articles, had naturally to be omitted. It must be remembered that the subject is only brought down to January of this year.



DISEASES OF THE SKIN;

THE RECENT ADVANCES

IN THEIR

PATHOLOGY AND TREATMENT.

INTRODUCTION.

THAT there have been advances made in dermatology, and that these are recent, seems admitted by their consideration being offered as a subject for a thesis. This thesis is, however, limited to the "recent advances in the pathology and treatment" of cutaneous affections. We may therefore omit all reference to the classification of diseases of the skin, which at present is not only a vexed and most unsatisfactory question, but one that every writer of even a twenty-page monograph seems to consider must occupy a large, and often the most important part of his special publication. The more extensive works, also, are liable to be thickened by the not unfrequently prolix views of the individual author on this entirely unsettled topic of classification. We have sometimes thought it would be better for some thorough clinical observer and teacher to master sufficiently the details of dermatology, and draw up a classification that would meet the wants of the practitioner, and yet not so

far out of the way as to embarrass the special teacher of dermatology in his work of education. Such a classification might fit in better with general medicine, and thus prevent dermatology being pushed aside as so much of a specialty as to render its neglect a matter of course, or of necessity. It seems to us the time has hardly arrived for a classification of cutaneous affections. They have as yet been *studied* too little, principally from the lack of educated observers, trained in noting and recording symptoms and the effects of remedies, and who are truthful and unbiassed in their deductions. Moreover, till quite recently the pathological anatomist and histologist paid but little attention to the diseases and disturbed functions of the common integument of the body, perhaps because the clinical teachers did not bring them so prominently before him. Thus we hold that, in the present state of knowledge, and in the present lack of any very defined and fixed classification of diseases in general, to attempt to build one up for dermatology, that shall be at all lasting, seems a simple waste of time. Pathology and histology will break off the boughs, or cut through the trunk of the most ingeniously contrived dermatological tree. We would not, by any means, be understood as depreciating the value of a truthful classification, if it could be got at, or worked out of our present knowledge. For ourselves, we do not quite recognize the necessity of *any* classification in our study and practice. A teacher may, most usefully for the student, devote hours to a thorough and practical description of the symptoms and treatment of the various phases of eczema, without once alluding to where it, as a whole, or its several appearances, belong in any one's classification. Some general order of bringing cutaneous diseases before his class is, of course, necessary for a teacher; but the less the student hears of the special order or classification, and the more of the particular disease, the more successful will be the treatment of his cases, and the better will he be enabled to classify for himself, whilst at the same time he has become trained in observation. Trained and truthful observation are particularly required in the student and practitioner of dermatology, who has to learn to believe his eyes against his ears, or, perhaps, make both yield to his experience.

The lack of the cultivation of these qualities, even in men of talent, has seemed to us to explain the comparative worthlessness of so much that has been recently published in dermatology, quite outside of the desire or necessity of the particular author inducing or forcing him to write a treatise or monograph. Without, then, the long experience of trained and truthful observers, and the comparing their several results, and grouping their work as a whole, by the highest talent, we shall not soon reach any satisfactory or well-based classification of the diseases and perverted functions of the skin. Let it be remembered, however, that the lack of such classification should not prevent special study, as it does not in way hinder it. Naturally enough, it is regarded as a reproach to dermatology, and, in a certain way, is merited, although its importance is thus exaggerated. These few remarks explain our willingness to comply with the strict limitation of the subject, and omit all further mention of classification.

We would gladly do the same with nomenclature, equally uncalled for by the terms of the subject, were it not that nomenclature is, as it were, the language agreed upon to speak in between writer and reader; and if one set of names for cutaneous diseases is used at one time, and another at another, then, as often as they occur, they must be mutually translated, to the annoyance of both writer and reader. Some years ago, we remember hearing a distinguished professor saying, *ex cathedra*, substantially, that ophthalmology was nomenclature. Yet, if we may trust to the positive results arrived at, we may conclude that this specialty has already got beyond such a state in spite of itself, so to speak. It is somewhat so at present with dermatology, which is in a sort of nomenclature condition. Want of experience and trained methods of study are, unfortunately, only too often and too successfully covered up by the manufacture of names, or the odd and curious misuse of those longest established. Perhaps no more striking proof of the necessity of adhering to well-founded and long-used nomenclature can be adduced, than that we are obliged, at this very point, to define what we mean throughout this paper by certain terms that have been sadly bandied about and abused in some of the more re-

cent treatises. For instance, by *psoriasis* we mean the scaly affection generally known by this name, and not a stage or phase of eczema, as Wilson uses the term. Again, by *leprosy* we mean *elephantiasis Græcorum*, and not *psoriasis*, Wilson notwithstanding. Again, by the generic word *herpes* we mean circles or groups of papules, or vesicles, or both together. It does not designate a special disease, unless having attached to it a specific name. By the word *pruritus* we mean simply *itching*. By the word *prurigo* we mean a disease that we shall have something to say about in its place.

There are, of course, many other instances of misuse and abuse of nomenclature, but those we have mentioned are among some of the worst that recent authors have indulged in, either from individual idiosyncrasy, ignorance, or from a desire to appear peculiar, and thus attract attention. We desire here at the outset to say that we have the greatest respect for Prof. Erasmus Wilson, of London, both as a dermatologist of vast experience and as a man of independent thought and acute observation. For this reason we all the more regret his individual idiosyncrasy, in desiring to multiply and alter nomenclature without due regard to other teachers—not to speak of the profession at large—and his irresistible impulse to change established modes of spelling, arising, as can be seen, from his ripe scholarship in the languages of the Greeks and Latins. But for his imitators, who have not his experience or trained observation, and who but follow his classical knowledge, we have as students of dermatology no similar respect, and we cannot, in any truthfulness or independence, regard their words and writings with the same consideration. Let this, therefore, be our apology for any seeming harshness that, as we hold, a just indignation may induce us to indulge in. Every day makes us realize more and more how much Wilson, as a high authority and teacher, has hurt the progress of dermatology by his individual idiosyncrasy, adhered to with national persistency. His followers have, unfortunately, also supposed they were *like* him when they *imitated* him. That to the general profession, at least, dermatology is simply nomenclature, is perhaps truer of it now than was the same remark in reference to ophthalmology some fifteen years ago.

For the present admitted importance of the specialty there have recently appeared in dermatology more publications than general practitioners and readers can well comprehend. A mass of literature has been heaped up in a specialty little studied, and but slowly and reluctantly recognized. We freely admit that it is the fault of the specialty itself and its adherents, that has driven off those who would otherwise have gladly availed themselves of its acknowledged success, to benefit their patients and save themselves from discomfort. There is not, for instance, any book in English which a student or a practitioner can study whilst he follows the clinique and the lectures at any hospital where these are to be found. Certainly, for the subject of cutaneous diseases there have appeared a large number of treatises, monographs, and journal articles, a majority of which are worse than Hebrew to any but professed specialists, and very generally of little or no benefit to them. The more a practitioner endeavors to study almost any of these publications, the more he becomes lost, mystified, and the sooner disgusted, unfortunately not with the author, but with dermatology. The secret of all this matter in print, and the constant reports of cases, etc.—in other words, the recent great increase in dermatological literature, is well understood by those who have followed the specialty, but, we think, perhaps not by the profession at large. Now, a knowledge of this so directly concerns the appreciation of the advance, or otherwise of the pathology and treatment of cutaneous diseases, that we offer no apology for making known and dilating upon it here. For the past twenty or five-and-twenty years there have been at work a number of shrewd, practical, intelligent, if not highly scientific, and truthful observers, mostly clinical teachers having immense fields of study. Wilson represents this number in England; the St. Louis staff, in Paris; and above all, in Germany, Hebra at Vienna. The result has been, that they have learned, by diligent observation and careful experiment, how to cure successfully many diseases of the skin utterly out of the reach of the therapeutics of the general practitioner as he learned his profession at almost any of the schools ten years ago. These observers, where they have been clinical teachers, have taught their hearers also how to ob-

serve, how to diagnosticate, and how to treat cutaneous affections. Such knowledge, in any field large enough, is of great practical value, and would soon bring its possessor reputation and practice, since almost all general practitioners have plenty of cases of cutaneous diseases which have baffled their best efforts, and which they gladly turn over to the specialist, after they have learned to trust his ability and experience. Thus it is that the students of the Paris and Vienna schools of dermatology have spread a knowledge of the specialty, and by successful practice, both in England and America, attracted, particularly during the last five years, no inconsiderable attention to cutaneous medicine. The schools also are gradually recognizing the need of some teaching in this department, and have here and there made appointments in accordance. These students of the continental schools have also spread their teachers' views by a few treatises, many monographs, and innumerable journal articles, nearly all of which, no matter how ingeniously concealed, are but filtrations of the master's knowledge, more or less perfect according as the writer's sieve was more or less retentive. In proportion as these publications truly and clearly represented the master's thoughts and experience, they have done good. In proportion, however, as these were not well put, and the writer's own ideas and inexperience brought more prominently forward, they have done harm. There has been plenty of motive, but little necessity, for a great deal of dermatological literature. Cutaneous medicine and surgery cannot be learned from books alone. Dermatology is comparatively a simple specialty, but, like a foreign language, it can only be thoroughly mastered where it exists, *i. e.*, where a competent teacher has the necessary material to teach from. When once thoroughly mastered, however, it is, like a foreign language, readily employed, not easily forgotten, and always of the greatest practical value.

There remains to be told, however, another part of the secret —why dermatology is, and will for a long time continue to be the majority of medical men, to consist of only an unintelligible and unmeaning classification, and a more or less heathenish nomenclature, affording apparently quite sufficient excuse for

tipping the whole overboard. Success naturally calls forth imitation, and nothing is more natural than that an apparently successful specialty, we mean as regards reputation and practice, should induce many to take it up and attempt to follow it without any previous training in it, or perhaps even study of it. Such imitators soon find that the medical man's only advertisements—namely, cured cases—do not increase, and something has to be done to acquaint the profession and laity of the author's intention to follow out a special practice. A book or monograph is soon patched up—the more unintelligible and the less clear and concise the better—and through it a reputation is soon gained; for cutaneous medicine is so little understood in the profession at large that a book means an author, and the idea of an author means a knowledge of the subject. The more outré the thoughts the more learned does the writer naturally seem, particularly if a little of other people's original ideas are ingeniously interwoven so as to appear striking and new. Of course, we recognize this as one of the curses of medicine at large, but we must confess that it does seem as if unfortunate dermatology had to bear more than its fair share of pretenders' efforts in all three of the principal languages. The profession at large, however honest and anxious to decide, are not in a position to discriminate between one man's work and another's, in this specialty. For the dermatologist there is no more thankless task than that of going over and showing the mistakes and inexperience of the many authors who have rushed into print because they have found something new to themselves.

Did all this stop here, we should not feel quite so indignant, or have thought it necessary to have so freely ventilated the secrets of the specialty; but there has been recently such a quiet monopolizing and adopting, to use no stronger expression, of the ideas of the masters in dermatology, that it is quite time for the profession to understand it, and thereby be able to discriminate. Another point must be alluded to—namely, that when the students of the European schools have settled down in England and America, and commenced to practise what they have learned, a little experience has soon shown that they, to their own surprise, were not so very much more successful than their

older confrères in the neighborhood, to whom they had not accorded, perhaps, any scientific knowledge, at least of cutaneous medicine. Diseases of the skin are often so loathsome or so troublesome as to force the country practitioner, and still more so the city one, to hunt up or hit upon some successful remedy, in order to save himself and his patient. Thus, shrewd medical men will be found carrying out quite independently very much the same line of treatment. In this country, the graduate of the European school, in attempting to prescribe the same remedies in the same manner as he has seen done the other side of the water with such good results, finds that he has another people to treat, whose common integument as well as general system will by no means bear a similar amount or strength of either external or internal remedies. Lack of like success discourages and disappoints him, giving rise to a doubt in the minds of his professional brethren at the same time as to the advance in treatment of the specialty. If he is shrewd he will let time and experience again teach him.

Here, once for all, we desire to disclaim any apparent ignoring of the French school and the Paris teachers. No matter how much they may talk in their lectures and theorize in books, yet the success of the St. Louis staff will, after all, be found to depend on methods of treatment but little different from what is seen in Vienna or London. The great clinique of the General Hospital of Vienna, including the syphilitic and cutaneous wards, has, however, been a well of knowledge into which many pumps have been successfully inserted. One difference in the two schools is that, as in all other departments of medicine, Germany teaches the student how and what to see, putting him in the best position to practise what is preached to him; whilst there is in France at present a national tendency to theorize brilliantly to the pupil without that steady plodding over him, so essential to solid progress. If one is thoroughly conversant with cutaneous medicine, and has seen as well as heard much, the French works from the hands of the Paris dermatologists will afford him interesting reading, because it is always pleasant to recognize old friends among strange people in a foreign land, and as soon as one can get accustomed to and remember

their names, fellow-travellers at least serve *pour passer le temps*. In all seriousness, however, the lack of practical dealing with the subject, and attempting to teach the reader what can be done for this or that affection, or what cannot be done if such is the case, is perhaps the true cause of French works on dermatology being almost without exception most unsatisfactory, and perhaps not unreliable, but of no practical value for reference. There seem, also, to be a number of invisible and intangible cords, one end attached to the word *dartre* and the other to the pens of all French dermatologists, so that these cannot move except under some reference to that potent spell. This is getting to be very much the case with the word or idea *neurosis* and the English writers and their imitators. It is but fair to warn where pathology and treatment are not advancing.

It has been anything but a pleasant task to thus expose the present weaknesses of a branch of medicine already become a decided specialty. We think, however, it was called for, and we believe that nothing but so complete a showing of the dermatological hand could explain our willingness to comply with the strict letter of the subject as proposed, and omit what we are free to confess has its attractions for discussion, namely, the present classification and nomenclature of skin diseases. We can also now recognize the judiciousness of the wording of the question, namely, recent advances in the *pathology and treatment* of diseases of the skin. To these now we gladly pass, taking them up in definite order, so as to avoid confusion, but following no special classification, and of course omitting those affections concerning which nothing is to be said.

The exanthems, scarlet fever, measles, and small-pox, belong rather to general medicine, that is, these cases do not come under the dermatologist's care, except perhaps the latter in the great hospitals where a special department exists. This segregation, however, is often one of convenience, and not always adhered to strictly. The sequelæ or consequences of scarlet fever and measles have been more carefully studied, but are discussed at length in the works on clinical medicine where they belong, and we need not dwell upon them here. One of the sequelæ of small-pox and varioloid, namely, pitting of the

integument, comes before the specialist, and dermatology has been called upon, not so much to explain its pathology as to devise a ready and perfect preventive of it. To enumerate the remedies proposed and tried, and their proposers' names, would be to pretty nearly fill this article with a list of the *materia medica* and the names of clinical and dermatological writers. The secret lies in the keeping constant moisture of some form in contact with the cutaneous surface, on the principle of the steady poulticing a forming abscess. The want of success depends upon the almost utter impossibility of having the whole integument, including the most important part, the face, perfectly and always moist, during so long a time as is necessary with a patient suffering to the extent a victim of small-pox or varioloid does. The reputed success of this or that remedy, in the hands of one or another practitioner, is also readily explainable by the following fact, quite lost sight of or perhaps unknown except by those dermatologists who have had large small-pox wards in great epidemics, or been attached to hospitals for many years. Not more than a half of the patients who have had variola vera exhibit cicatrices afterwards, and in varioloid either none at all or but a few are formed. This will be found to be true by any one having opportunity to see *through* some hundreds of cases. Now, any physician having had a few dozen cases, and used some one remedy to prevent pitting in them all, may have met apparently with marked success enough to induce him to publish the results of this special treatment. Another gentleman is naturally induced to try the method, and with him it may seemingly utterly fail; the truth being that the remedy had no effect whatever, except that if it was something to moisten and soften the skin the patient was rendered more comfortable. When the pustules are deep-seated in the cutis there is a positive loss of substance that no method of treatment can obviate, and the scar causes a "pit."

It seems doubtful whether the pathology and treatment of the venereal diseases should form a part of this article. As they recently have been so well and so thoroughly discussed, and as all that is new is early brought before the profession in medical literature, we presume they were not intended to be in-

cluded. At present their study is a separate specialty, and although they are brought together in special journals—much as the eye and ear frequently are—yet we propose to avail ourselves of the benefit of the doubt, and omit allusion to them here. Specific inflammation of the mucous membrane of the generative organs produces no cutaneous disease; the chancre sore, also, is not followed by eruptions; but *constitutional syphilis imitates*, on the common integument of the body, almost *every other affection* this organ is subject to, even the results of the presence of animal and vegetable parasites. Hence true syphilis has been brought in under dermatology, and hence the teacher of dermatology is obliged to go over and explain and exhibit the results of constitutional syphilis, in order, if for nothing else, to teach his hearers how to diagnosticate one from the other—perhaps the first thing the young practitioner will have to do when dependent on himself alone for guidance, and on what he has learned for instruction.

PSORIASIS.

Good strong common sense, a desire for truth, and a wish to succeed, have enabled Prof. Hebra, of Vienna, to give us in his book the very valuable results which his many years' experience with this incurable affection afforded him. His pathology does not, however, carry him further than that of Rokitansky, Wedl, and Simon, namely, that the essential nature of psoriasis consists in an excessive growth of epidermis, or in a proliferation of the epidermic cells, and their accumulation upon circumscribed spots at which the papillæ of the corium are hyperæmic.

Wertheim found, on examination of spots of psoriasis under the microscope, always enlargement of the papillæ, and judges therefrom that the vessels are distended. Neumann obtained sections of psoriatic plaques from living patients, and found the epidermis cells increased, and also the rete Malpighii hypertrophied. The papillæ, especially of the older plaques, enlarged. The corium and papillæ were filled with numerous proliferations. These cells appear principally in the upper layers of the corium and on the tops of the papillæ, producing

there a little swelling. A cross section through a papilla exhibits plainly the cell-growth filling the stroma and forming a ring, in the centre of which is seen the section of the vessel. From this we must deduce that psoriasis is an inflammatory process of the upper layer of the corium and the papillæ, accompanied with greatly increased cell-growth, and with which the papillæ are considerably enlarged. These enlargements cannot, however, be considered as characteristic appearances of psoriasis, since they occur in other chronic diseases, as prurigo and eczema. In this last a difference exists, in that the enlargement of the papillæ appears only after longer continuance of the affection, whilst in psoriasis it is present from the first. The excessive formation of epidermis is, therefore, but a hyperplasia of the cells of the Malpighian layer, accompanied by an increased throwing off of the epidermic layer.

It was a study of, and clinical experimentation with this disease, which especially taught Hebra the value of external applications, and in general their use in cutaneous affections. We cannot, of course, enter here into the details of the therapeutical use of soft soap, water-packing, the several forms of preparations of tar, and various stimulating ointments. And this is all the less necessary since the journals of the last half-dozen years have been pretty full of the English, French, and German methods of use. But how few practitioners have learned thereby to use external remedies with entire satisfaction to themselves, or the success that attends their application in the great cliniques where they have been most employed.

The Vienna school of dermatology has been so practical and so successful, as to have attracted foreigners, both American and English. We are now just beginning to hear how treatment and remedies must be modified to be successful with two other quite different peoples. There is no better instance in point than the most practical and valuable contribution of a good observer and truthful recorder, Dr. Anderson, in his "Psoriasis and Lepra" monograph. Hebra, in his immense field, had seen psoriasis in the high and low, rich and poor, clean and dirty, fat and lean, and all its phases in all these; so that with his strong vein of common sense he, as usual, was

loath to accept this or that or anything as *causes* of psoriasis, to fill up his etiology with. Neumann follows him in this respect, neither of them agreeing with Wilson's curious notion that psoriasis is somehow a worn-out syphilis. Squire and also Anderson think that patients are more apt to have psoriasis (which must be latent) appear when they are out of health or run down, like nursing women and over-worked business men, etc. Experience rather points this way, but these same people will also have their curse burst out when they are in the best of health.

As psoriasis is not contagious, in the rarest cases ever fatal, pretty amenable to proper treatment, but is hereditary, what are we to say to patients who ask if they may marry? Here pathology and treatment have really advanced, and we can reply: The wife will *not* have the disease from marriage, and the children may escape. Comfort and appearance can both be ably assisted by thorough and well-conducted treatment. If an equal cause was to stop marriage in general, there would be few divorces.

Statistics show, taking England, France, and Germany together, that psoriasis occurs about one in fourteen among all affections of the skin; the proportion of the sexes, men 143 to women 156, from the combined results of different observers. It may occur as early as at six years, very exceptionally before this time. As we have said, it seems unnecessary to discuss or explain the methods of treatment found so efficacious in the last ten years, and now so generally described and followed. Moreover, all the remedies above mentioned have been pretty fully placed before the profession. Experience has shown that our people bear external and internal treatment to a much less extent than Europeans, as well exhibited, for instance, in the use of arsenic in psoriasis. It is rather an ungracious task to mention with anything like a slur the probably quite truthful belief of this or that gentleman in reference to one or another remedy for psoriasis. Pathology teaches us that we have an affection that is incurable, *i. e.*, its return cannot be prevented, but it also says that increased or heaped-up epidermis cells form the principal element. Treatment, therefore, points towards the

most rapid method of removal of these, and this seems best accomplished by the use of water, irritants, etc., externally, and arsenic internally.

Hardy, during the inflammatory stage of psoriasis, prescribed emollient and alkaline baths, and laxative medicines. In the second stage he administers arsenic, and at the end of this period, when the disease has become chronic and stationary, he has recourse further to ointments containing mercury, sulphur, or pitch. Oil of cade he uses, combined with glycerine and starch. Lately he has found benefit from phosphorus.

Spender thinks psoriasis, like its congeners, arises from "tissue irritation," which may be aggravated or perpetuated by an unhealthy state of the blood. In anaemia he says arsenic will not act unless combined with some preparation of iron.

Lipp has used hypodermic injections of arsenic for psoriasis, $\frac{1}{20}$ to $\frac{1}{5}$ of a grain being employed every second or third day with some advantages, namely, less of the drug, no derangement of the digestive organs, and shorter duration of treatment. No more permanent benefit, however, was obtained than by arsenic used in other ways.

McNab has used one part carbolic acid to four of lard melted together, applied at night; and when the scales are removed oxide of zinc ointment. This with a constitutional course. With him Livelong also concurs.

Passavant writes Prof. Hebra he has been the victim of psoriasis for twenty-five years, and temporarily gets rid of it under meat diet. To this Dr. Caspian replies he was without his torment under milk, bread, soup, rice, and porridge; losing weight and strength, however. Simms advocates copaiba for obstinate cases of psoriasis.

Lombroso reports success with ergot of maize, 3 vj. of the tincture given daily three times. This remedy was taken for a few days without trouble, and then it began to affect the kidneys and intestines, finally producing peculiar painful modifications of cutaneous innervation, shown by a sensation of intolerable itching and burning. The disease improved as the poisonous symptoms were developed.

We might go on almost *ad infinitum*, quoting the success of

remedies. We close with but one remark, namely, that so far as can be judged, if the direct effect of arsenic on the skin can be obtained before we can have the other deleterious effects on the system, then this powerful drug is valuable. But its bad effects on the system seem to counteract or prevent its *cutaneous* effect, they may also be too severe to allow us to proceed. In this country at times it acts well, and is borne well. In the large majority of cases, unfortunately, it does not seem to do so.

LICHEN SCROFULOSORUM.

Willan described five species of lichen which recent pathology has thus disposed of: *agrius* and *simplex* have been placed where they belong, under *eczema*. *Piluns*, examination has shown not to be a disease, but simply the collecting of epidermis which holds or bends over the hair coming out of the follicle. This is seen especially on the thighs of those to whom soap and water are strangers. *Lividus* is due to an absolute local hemorrhage lifting the epidermis into a papule, and caused by a scorbutic condition of the system.

Wilson has made a *lichen planus*, and divided this into *diffuse*, *annular*, and *marginal*, simply different phases of a disease we will presently speak of. Hebra adopts the plan of not giving a name to a disease unless it is perfectly distinct and has its own course, etc., distinguishing it from all others. He has made an advance in pathology and treatment of an affection he calls *lichen scrofulosus*, cases of which in England might get the name of *l. circumscripatus*. Fine, dirty brownish papules, consisting of a mass of epidermis, seated at the hair-sac opening, more or less in circles or segments of circles, on the trunk generally; among them or near by are seen some scattered pigment spots, and here and there an acne-like tubercle or pustule. But little or no itching, and therefore no consequences of it. The eruption is seen in patients exhibiting decidedly scrofulous symptoms, is slow of inoculation, not dangerous, and readily yields to cod-liver oil externally and internally. Generally in males between 15 and 25 years. When occurring in children the extremities are affected often exclusively. This positive limitation and definition, together with the successful treatment,

supported as it has been by others, constitutes a true advance in pathology and treatment.

Kohn has examined anatomically lichen scrofulosorum, and reports that it consists in the appearance of exudation cells in and around the hair-follicle and sebaceous glands. The cells first form around the vessels and at the bottom of the hair follicle and sebaceous gland, afterwards inside of these, and finally they collect to such an extent as to press up the enchyma cells of the follicle towards the opening, loosening also the sheath of the root from the follicle wall. A continuation of the process distends the hair-follicle. The lichen papule is due to cell infiltration of the papillæ around the follicle; the central scale is composed of the mass of epidermis collected in the distended follicle opening.

LICHEN EXUDATIVUS RUBER.

Here again we are indebted to Hebra for, so to speak, the discovery of a definite affection of the skin fortunately rare, but unfortunately very serious and frequently fatal. Very likely Wilson's *lichen planus* can be included in or under this disease. Hebra has given the above name to a disease consisting of an eruption of miliary papules at first distinct and covered with a thin scale, causing but little itching. They are of a reddish color, and once formed do not increase in size, but the increase of their number causes them to unite into large patches, red, infiltrated, and covered with scales. These changes take place at separate and distinct spots, finally occupying large tracts on the whole body. The cutis becomes of twice its ordinary thickness, the motion of the joints impeded, fissures cover the joints from which blood flows to form crusts, etc. The nails become affected, thickened, rough, and brittle. Walking and grasping objects become painful. The hairs of the head, axillæ, and pubes are not affected; on the rest of the body they are reduced to a mere lanugo. There is itching when the disease is extensive, but not before. The patient, as the affection occupies large tracts of the integument, becomes broken down, nutrition weakened, and with great marasmus there is generally fatal termination. This cutaneous disease resembles lichen

scrofulosum, psoriasis, eczema, and pityriasis rubra, hence the necessity for careful differential diagnosis. This Hebra gives in great detail, of course here to be only referred to. All causes are but surmises. The age so far reported, 15 to 40 years. The patients were men with the exception of one. The pathology has been studied by Hillier, who says post-mortem examination of the diseased structure showed the skin (red and thickened during life) pale, without fat, loose, and of ordinary thickness ; there was some desquamation still to be seen. The microscope showed, in sections of the skin, a peculiar anomaly of the root of the hairs, which instead of being cylindrical, were funnel-shaped with the small end down. The papillæ hypertrophied and blood-vessels dilated. Neumann obtained portions of the skin from one of Hebra's patients, and he gives careful descriptions of the microscopic results, which are in brief as follows : The epidermis cells heaped up in large masses, with fine granular contents. The cells of the rete Malpighii sometimes grouped, and sometimes alone, and sending out thick, broad, and long prolongations between the papillæ ; around these latter here and there brown pigment cells. The papillæ enlarged, filled with a net of elastic fibres more numerous than normal, as is also the case through the whole cutis. The vessels dilated, as also their twigs in the papillæ. Arteries and veins in the deeper layers of the corium, tortuous. Along the vessels numerous cell-growths increasing their diameter and filling up thus the papillæ. The openings of the sweat glands with funnel-shaped dilatation and filled with numerous epidermic cells. The sebaceous glands are few and probably destroyed. The external sheath of the root of the hair shows a peculiar appearance ; composed naturally of nucleated cells, more numerous around the shaft than at the bottom of the follicle, in this disease the *reverse is found*. The follicle is dilated by these cells into regular teat-like diverticula resembling an acinous gland, showing, however, nothing else abnormal. The root of the hair is stubbed like a brush. A similar increase, also, of the smooth muscle fibre as seen in other chronic diseases of the skin, like ichthyosis, old eczema, elephantiasis arabum, etc.

Wilson described a *lichen planus* which he thinks will in-

clude Hebra's lichen ruber, although we cannot see how his cases can be so classed. This is also Fagge's opinion deduced from two cases of this lichen planus which he allies to psoriasis. Auspitz and Pick show that these lichen-like forms which Wilson groups together, belong to lichen scrofulosorum, etc.

As to *Treatment*.—Fortunately the disease is but rare, yet Hebra has seen enough to have opportunity to try many external and internal remedies. These all seemed to fail, till at last he has found success with arsenic in doses of one-tenth to one grain a day. At least the patients so treated got rid of their malady, and had for some period of time no return of it, so that our prognosis now can be more favorable than formerly. This affection would be so readily mistaken for psoriasis or eczema in some stages, that it may be observed but not diagnosticated. Hebra counts some twenty-one cases, and Wilson says he counts over fifty.

PITYRIASIS RUBRA.

Bateman, Wilson, but more especially Devergie, seem to have spoken of under this name the disease Hebra restricts it to. But they classed with it some of the phases of psoriasis, eczema, and the anomalies of sebaceous secretion. Hillier has also described and seen the affection, which is one extremely rare and *sui generis*. For its pathology and treatment we have again to thank Hebra. His differential diagnosis brings out the affection clear and distinct from all others it in any way resembles. The *pityriasis rubra* he has several times seen, consists in nothing more than an intense redness diffused over a large part of the skin, or even universal, disappearing beneath the pressure of the finger (when it gives place to a yellowish coloration) and accompanied by the presence of fine white loosely adherent scales, which result from the constant shedding of the most superficial layer of the cuticle. There is no considerable infiltration of the cutis; no papules or vesicles are formed; no secretion is poured from the surface; the itching is slight, and does not lead to the formation of excoriations; no fissures make their appearance; and lastly, particular regions of the body are rarely affected, the *whole* surface of the skin

being generally attacked. It is very slow, presenting very few changes. Heat and cold, of course, alter the degree of redness for the time. Perhaps for years the patients are not much affected, but they generally lose flesh and strength, and finally sink in marasmus. After death the redness has disappeared, and the microscope fails to give any definite results. Hebra tried all the external and internal remedies so successful with psoriasis and ichthyosis, but did not succeed in arresting the disease. Continued tepid baths (for hours), oils, and emollient ointments, rendered the masses of epidermis more transparent, and the skin more supple. Although our prognosis must be bad, we at least now know what it is of no use to waste time with.

Benson and Smith report a case of *dermatitis*, or *pityriasis rubra*, which they hold was the same as Devergie and Hebra's *pityriasis rubra*, or Wilson's *pityriasis rubra exfoliativa*. Arsenic was administered, and the affection disappeared after thirteen weeks of existence. This same treatment Hebra did not find successful.

ICHTHYOSIS.

Some advance has been made in reference to this peculiar cutaneous affection, by the strong common sense of dermatologists here and there insisting on excluding from under this term those forms of disturbance of sebaceous secretion where a collection of the material gives to the skin an appearance resembling true ichthyosis. Fagge's microscopic researches have shown that Devergie's subdivisions of the affection would not hold anatomically. He found that the collection of epidermis masses in ichthyosis was not produced by excessive formation of this material, but by its abnormal tenacity, and the hinderance this affords to its desquamation. He found, also, redness and inflammation, contrary to general belief. In several cases he noticed incomplete development of the body, and judges, therefore, ichthyosis to be more than a local affection.

Lailler objects to Wilson and the English dermatologists classing sebaceous troubles with ichthyosis, and adopts the German's strict separation of true ichthyosis, without noticing that

Hebra had taught this for five-and-twenty years. We mean by this a definite idea of pathology, namely, that true ichthyosis is not due to trouble with the sebaceous secretion. Milton, after pretty careful study of two cases, says nothing was observed in either instance which seemed in any way calculated to throw light upon the pathology of the disease. In all his patients he noticed a slender frame, small bones, and the muscular system sparingly developed. He could find nothing amiss with any other function or secretion. He saw the disease in father and child. Its hereditary tendency is now well understood and recognized. Sedgwick speaks of a man with ichthyosis whose five children, three males and two females, escaped, but it attacked four of his five grandsons, sparing his only two granddaughters.

Hutchinson admits the advance made by recognizing that the sebaceous troubles were the cause of *some* forms of ichthyosis, as hitherto reckoned. He thinks, also, the word *congenital* cannot be applied to it, since clinical facts prove that it shows itself later. He concludes that too strong a line has been drawn between *sebaceous* ichthyosis and *true* ichthyosis, and thinks that many of the forms of pityriasis in young people, that which is known as *xeroderma*, are modifications or degrees of the same trouble. But, as Hillier says, the true nature of the cases which really depend on altered sebaceous secretion, can readily be ascertained by removing the scales or horny concretions, when the enlarged orifices of the sebaceous glands will be readily seen. Moreover, Simon examined the scales of a person with ichthyosis, which were of a gray or black color, softening when placed in water, and a section under the microscope showed the structure to be composed of compressed epithelium cells. On incineration the scales left an ash containing carbonate and phosphate of lime, and peroxide of iron; the latter was in such abundance as to communicate a yellow color to the ash. The ash yielded by the incineration of the ordinary thickened skin on the hands and feet, is perfectly white, containing a mere trace of the peroxide of iron. The more extended chemical analysis of the scales by Schlossberger, and the microscopic examination of the masses by Büchner, also tend to disprove Hutchinson's

very natural regrouping of the now separated affections called ichthyosis. Neumann's studies of sections of the disease cause him to conclude that a fully-developed ichthyosis is accompanied by hypertrophy of the whole cutis and qualitative alterations and increase of the sebaceous secretion. The increase of this secretion and the agglomeration of the superabundantly formed epidermis with the cutaneous glands, explain the adherence of the epidermis to the skin. The epidermic masses contain fat in large amount. The papillæ are enlarged, as also the vessels. The cutis thickened. A vertical section shows the epidermis thicker, the upper layers darker colored, the lower lighter. At the interspaces between the enlarged papillæ, where the epidermis reaches down deep, the pointed cells are especially developed. The hair-follicles are at first present, rather elongated, and contain a hair. Sebaceous glands no longer recognizable. The openings of the hair-follicles are often closed also. A section through a horny plate of ichthyosis shows it to consist of readily separable concentric bands of epidermis cells; within these either transparent bubbles or dark brownish yellow material, probably sebaceous secretion. Kohn also reports his microscopic examination of ichthyosis hystricis to be noticed with the above.

Paget reports the case of a lady who had ichthyosis of the tongue for a year, and then well-marked ulcerating epithelial cancer appeared. Hulke reports a case of hypertrophy of the epithelium and papillæ of the mucous membrane of the tongue, in which, after twenty years, epithelioma appeared. He recalls two other cases, and, as Ullersperger remarks, although the connection between the ichthyosis and malignant disease was not, perhaps, strictly proved, yet the increased activity of cells of epithelial type in both cases is of import.

Flittner reports an interesting case of ichthyosis cornea, in the form of a circumscribed spot of ichthyosis on the thigh, and none on other parts of the body.

So much for the pathology of ichthyosis. As to *treatment*, much advance has not been made over the already old methods of arsenic internally, continued baths, cod-liver oil, and the various fats externally, besides soft soap and the other

remedies found so efficacious in psoriasis and similar affections, where we desire to quickly macerate and get off superabundant epidermis. No radical cure has been discovered, but temporary relief is obtainable. The acute exanthems, small-pox, scarlet fever, and measles, seem to act favorably on ichthyosis. Hillier calls attention to the use of glycerine, which possesses some properties rendering it more serviceable than fat or oil. It absorbs water, so that when on the skin it keeps this more moist. It mixes readily with water, and can be easily washed off. For ichthyosis he used a soap bath three times a week to get off the scales, and night and morning rubbing in of one part to fifteen of starch and glycerine. This treatment is palliative, and he hopes it will prove curative.

ECZEMA.

Eczema constitutes a majority of the cutaneous affections even a specialist has brought to his notice, and therefore its great interest. The last five and twenty years have seen much progress in pathology and treatment. The English, as a whole, have followed Willan, the French give, quite unanimously, in their description of the course, causes, and treatment of eczema, the views of their countryman, Rayer. Somewhat by mutual consent, an advance has been made in recognizing general and local, chronic and acute eczema. And notwithstanding the individual idiosyncrasy here and there cropping out, of refusing to regard all the appearances formerly called impetigo, psoriasis, and other names applied to the several stages of acute and chronic eczema as belonging to it, yet now they are almost universally classed together under the general name of eczema, with perhaps an adjective to indicate which stage is meant. But to Hebra's patient perseverance and truthful clinical observation we owe the advance made in the *treatment* of eczema which is now generally spreading abroad, although the same has been practised and taught in his wards for more than twenty years. The success of those who have studied long enough under him to be able to follow his methods of treatment has been very great, especially if they were sufficiently grounded in their professional education, *i. e.*, not too exclusively special.

ists, and able and willing to recognize the differences of climate, occupation, and a host of other details which go to make up different peoples. Hebra's chapter on eczema in his book translated by the New Sydenham Society, Anderson's monograph, and later Fox's, have done much to promulgate Hebra's methods of treatment, and the modifications found requisite and successful in English practice. The French dermatologists will also be found to employ much the same kind of treatment, although but little of it is dilated upon in their treatises.

The pathology of eczema has lately had more attention paid to it, and with good results, since the microscope has shown us the alterations which take place in the skin, explaining the varied appearances seen in the several phases and stages of this protean disease. Neumann produced artificial eczema on a rabbit's ear, and watched the changes under a low power. There were rhythmic contractions of the vessels, and finally dilatation, ending in permanent stasis. The ear that was at first transparent became opaque, swollen, and in a few hours numerous serous vesicles appeared. After forty-eight hours the animal was killed, and the tissue found infiltrated with serous fluid and numerous cell-proliferation.

Biesiadecki gives a more extended account of the formation of papules and vesicles. The papillæ over circumscribed spots become thickened and elongated by infiltration of cells and serous fluid. The connective tissue corpuscles of the papillæ are increased in number, large and succulent. Numerous spindle-shaped cells are seen in the mucous layer, or one-half still imbedded in the papillæ. They force asunder the cells of this layer and reach up to the epidermis. In this mucous layer they often form a thick mesh, permeating it in various directions. Within this mesh are seen the somewhat swollen epithelial cells with their protoplasm less granular. These circumscribed infiltrations of the papillæ and mucous layer form the eczematous papules. This cell-proliferation in the papillæ increases, and the superficial cells of the mucous layer swell up and burst, whilst the epidermis rising above thus forms the vesicle. The spindle cells are then still more abundant, they act as juice-carrying canals, bringing the nourishing material to the mucous

layer. In acutely developed eczema they suddenly appear in great numbers, forming a thick network. With the abundance of these cells in the mucous layer there is a larger amount of the fluid saturating the papillæ, so that it often forces up the epidermis in the form of a bulla. If the epidermis is removed the fluid trickles out (weeping eczema). This explains the way the fluid exuded in the papillæ reaches the surface through the mucous layer.

Neumann says that Cohnheim and Recklinghausen's experiments answer the question where this proliferation comes from, namely, the wandering cells out of the blood-vessels. But Recklinghausen also showed that in a piece of cornea cut out and kept alive in oxygen and moisture, the cells continued increasing for twenty-four hours without blood-vessels; hence this proliferation must come from other tissue elements. Pagenstecher, however, in preparations from the living, put while warm into weak chromic acid, found in great abundance spindle-shaped cells, which he identified with the "wandering cells," as Biesiadecki has described in the normal skin when an increased epithelial development had preceded (granulating, cicatrizing surfaces, psoriasis, chronic eczema, in the parts around an epithelial carcinoma). He supposes that the epithelium does not originate in a direct multiplication of the epithelial cells, but from these wandering cells, by their entry into the region of the epithelial formations, becoming in some measure infected by the latter, and so changed into epithelial cells. When epithelium was increasing he always found these wandering cells in great abundance. The gradual change of these cells into other tissue elements, as connective tissue cells, he has observed with Hartnack's immersion lens. At this point Fox's remarks are directly in place, and we quote them briefly here. He says: "But this question occurs here,—What relation exists between the capillary congestion and the cell-proliferation? Is the vascular alteration the consequence of cell-activity—that is, is it the response to a hyper-activity of the cell-elements, which acts, if I may say so, as a *vis à fronte*? Or is it the reverse?—is the cell-proliferation the result of an increased supply of nutrient fluid sent to or retained in the part? I am much inclined

to think that in eczema both cells and vessels play an important and somewhat independent part in obedience to a nerve paresis. Mere capillary excitement does not give rise to eczema. If that were the case we should have the erythema overstepping their present limits. Mere capillary changes are unaccompanied by special cell-changes; but these latter involve the former. *A priori*, one is led to believe that there is some cause at work which directly stimulates the cell-proliferation in eczema, and that the direction which this takes towards pus-formation on the one hand, or fibrillation on the other, depends upon the general nutritive tendencies of the person attacked. The acute cell-proliferation may imply and induce capillary excitement; but it seems that the two things are coincident. Now, what can account for this duplicate condition? I think an alteration in the innervation of the part attacked. Looking to the general mode in which eczema is induced, to its history, and to the results which have recently been published by Heidenhaim, Pflüger, Eckhard, and others, as to the influence of nerve-irritation in the production of tissue changes, I am quite disposed to agree with Hebra that in eczema "it is *faulty innervation* which is the most important element in its production." I said that cell-changes of a peculiar character were seen in the rete mucosum; and not many months since Podeopaew apparently demonstrated that nerves run up and form exceedingly minute plexuses between the rete mucosum and the upper laminate epithelium. Perhaps I ought to say that though Hebra believes that perverted innervation is the prime cause of eczema, he thinks it leads "to congestion and other disturbances of the circulation," and does not refer to the influence of nerve-irritation in inducing cell-proliferation. The latter is, I think, a necessary point to be admitted in explaining eczema.

According to the duration of eczema the anatomical changes are of course different. The microscope detects no difference between this exuded gummy fluid and ordinary serum. The follicles, the papillæ, and the upper layers of the corium are swollen in acute eczema, but this swelling disappears in the majority of the cases. If the eczema is chronic, then the skin becomes thickened, the lines and furrows deeper, the papillæ

enlarged so as to be visible to the naked eye. The older the eczema the larger the papules and the greater the cell-proliferation in the corium, so that this sometimes reaches down into the deepest layers, even to the *panniculus adiposus*.

Fox says: "It has been the rule to regard eczema as an inflammatory disease, and the expression of a diathesis, styled by the French the "dartrous diathesis"—a convenient term, as Anderson says, to cloak our ignorance of its nature. The word "debility" has been used to characterize the constitutional condition upon which eczema is thought to depend. What is really meant is, that the local changes in eczema are due to an altered state of the nutritive fluids of the body, and primarily of the blood. Now, I recognize the fact that eczema may be modified by diathesis, but that it is not essentially the result of any special alteration of the blood-current. Speaking in broad terms we should say, moreover, that the cause of eczema is multiple; it is perverted innervation as a *sine qua non*; but *plus*—not as causes, but part causes or excitants in a variety of combinations and varying frequency of coexistence—general debility, morbid blood-states, strumous diathesis, local irritation of the most diverse kinds, disease of important viscera, mental depression, and so on."

To Hebra we certainly are indebted for the great improvement in the treatment of eczema obtained by external applications. The detail of these we need not of course here enter into, since the journals have lately given it quite fully. We would simply recall the use of water in baths, douches, and cataplasms; the employment of fats and oils to remove the dried products of eczema; the application of soft soap and its combination with alcohol; the various preparations of tar; the ascertained value of vegetable or mineral powders strewn on to prevent irritation of opposed surfaces; bandaging over eczematous spots; and finally the use of gutta-percha cloth over the whole surface affected, as a limb or both extremities, etc.

It seems hardly necessary to here gather together the various recommendations and prescriptions scattered through the special and general journals, as they meet every one's eye, and on

examination will generally be found to be a sort of sedimentary deposit from the clinical discoveries of the masters and teachers in dermatology. Over the many pages in Wilson's Journal of Cutaneous Diseases, written by himself, Milton, and others, and over such articles as Stewart's, we can but join with Auspitz and Pick in a suggestive shake of the head, and to this will be added a slight blush for dermatology over many articles and pages England and America have produced on the pathology and treatment of eczema.

Cantani gives an interesting article on the pathology and treatment of eczema. In reference to the latter, he repudiates from general treatment when indicated, arsenic and cathartics, highly praising iodide of potash and mineral waters, natural and artificial baths, and other treatment much like that above spoken of.

IMPETIGO.

The morbid appearances that were formerly designated by this name are now by the best authorities included under eczema; and even those who resist this, describe an eczema impetiginodes and an impetigo eczematodes. The only eruption apparently which could be called impetigo, is that of variously sized pustules which form during processes of inflammation resulting from injuries, burns, chemical or otherwise, cutaneous poisons, etc. Concerning these nothing specially new as to pathology or treatment has been very recently brought forward.

A contagious impetigo has been described by Fox, who claims Allbutt and Anderson in his support. His reason for pressing this disease upon the notice of the profession, is the fact that when once recognized as a pustular eczema—an ordinary impetigo—and treated as such, it may and generally does last for a long time, not yielding to the remedies usually employed for eczema and its allies. He describes the disease as often epidemic, varying in severity both as regards general and local manifestations at different times. It is pyrexial, markedly uniform as to its eruption, which is at first coarsely vesicular, the vesicles or minute bullæ being distinct and

separate, quickly enlarging into flattened bullæ, which are replaced by flat yellow crusts. The mucous membranes are not unfrequently implicated, vesico-pustules developing upon them; especially those of the eye. The disease tends to run a definite course. It is contagious, the secretion furnished by the eruption being capable by inoculation of producing the disease in unaffected and healthy subjects. He found no difficulty in treatment, which consisted of a weak ammonio-chloride of mercury ointment applied to the ulceration beneath the scabs. It certainly alters the character of the secretion, which is no longer inoculable, and disappears rapidly. Internal remedies avail but little. Occasionally salines are needed at the outset, and tonics in weakly and strumous subjects; but as a rule the ointment suffices for all purposes.

We have never seen such a disease *sui generis*. It corresponds to what in old days would have been called *impetigo larvalis*. We cannot, of course, deny its existence, but the inoculations reported are not strong enough proof for us. Pick and Reder obtained similar results from inoculation from simple scabies pustules. We hold with Auspitz that the existence of *impetigo contagiosa* must be further determined before accepted as proved.

ECTHYMATOUS PUSTULES AND BULLÆ

Are found with many cutaneous troubles as results of inflammation, injury, or irritation. They may be due to internal or external causes. The word ecthyma does not convey to our mind the idea of a distinct or separate disease, but only the phase or appearance of some affection in which the skin exhibits ecthymatous bullæ or pustules, large or small. As to treatment, a good step in advance has been made in the common-sense way of looking at pustules of whatever size, namely, that they are local abscesses, and the rules of surgery for these apply to the former.

RUPIA.

Large, thick, dirty, more or less conical crusts, not from burns and not psoriatic masses of epidemis, are always due to *syphilis*. This Hebra long ago insisted on, and like all truth, it is gradu-

ally fighting its way into belief. As, therefore, it belongs to syphilis, we for reasons above stated pass it by. Wilson lately agrees with Hebra; the other English and French authors still recognize a non-syphilitic rupia.

PEMPHIGUS.

The several very interesting cutaneous diseases now included under this name have recently been more or less carefully observed by one and another. It would seem as if we must admit an ordinary form, *pemphigus vulgaris*, and quite a different one, *pemphigus foliaceus*. Neumann gives four species, whose names explain their differences: 1st, *p. benignus* in children, lasting six to eight weeks, and not returning; 2d, *p. malignus* or *cachecticus*, fatal, croupy exudation forming over the cutis when the bullæ burst; 3d, *p. gangrenosus*, described by Stokes as occurring among poor children of three years or under. Bullæ appear behind the ears or on the hands and feet, gradually confluent with others close by, and a sphacelus forming, death occurs in ten or twelve days. Neumann, however, suggests the name *purpura scorbutica* as more in accord with the morbid process. 4th, *p. pruriginosus*, great itching with only small vesicles, destroyed by scratching. Vesicular formation also on the mucous membrane of mouth and fauces, and when bursting, leaving excoriated spots.

Pemphigus bullæ contain at first serum, then pus or sometimes blood. Their contents react neutral, later weakly alkaline. At first the cells of the rete Malpighii are lengthened out so that the bullæ seem fan-like in structure (not, however, so marked as in burns, where Biesiadecki found these cells quite thread-like); later the whole bulla is filled with fluid only. Chemical analysis of the bullæ and of the urine does not explain the cause of the disease. And pathological anatomy has but in one instance found amyloid degeneration of the liver and spleen.

The result of many shrewd observers careful record shows that quinine checks the fever preceding an eruption, and also the eruption itself. Iron, arsenic, etc., are of no use. Water in baths, packing, etc., tar ointments and tar baths, emollient salves on the surface, and powdering it over, are what afford

relief if not cure. Hebra reports no good from internal remedies. With continued baths, *i. e.*, the patient kept under water night and day, he obtained an apparent permanent cure, after respectively 100, 76, 47, and 26 days' immersion.

We here omit, of course, all mention of syphilitic pemphigus, merely again saying that constitutional syphilis imitates on the skin, pemphigus, as it does almost every other true cutaneous affection. The brief sketch we have above given of non-syphilitic pemphigus, although so meagre, yet constitutes our present knowledge of the disease. Etiology, pathology, and even the anatomy of the affection, are so little understood that any reported cases throwing the slightest light on it are worth bringing together.

Hardy noticed pemphigus like bullæ after copaiba ordered for gonorrhœa. The eruption lasted six weeks. Copaiba is eliminated by the perspiration, or rather the sweat is saturated with it, and this drug as we know affects the skin in a peculiar manner. There was in his case cutaneous anasarca.

Malherbe reports two cases: one produced by external irritants and ending fatally, hardly perhaps to be called pemphigus; the second, a case of chronic pemphigus terminating fatally by intestinal perforation. The author thinks these ulcerations of the intestine are like those seen in extended burns of the cutaneous surface.

Luithlen reports a case of haemorrhagic pemphigus in a new-born infant, which he states was not syphilitic. But the mother had "serofula of the bones and general cachexia." The child was born August 10th and died September 14th.

Steiner gives a clinical study of pemphigus in children. He holds that the disease exists as an acute one in children. Chronic pemphigus as seen in them corresponded to Hebra's *p. vulgaris*; *p. foliaceus* he never saw in children. He attempted inoculation with the contents of pemphigus bullæ, but obtained only such results as would be by inoculation with any pus. His observations taught him to believe that a pemphigus existed with children not of syphilitic origin, and he holds that without some other symptoms of syphilis a case of pemphigus in infants cannot be held to be of specific origin. He found the course

and result of pemphigus in children to depend on whether it was acute or chronic, and on the condition of the patient. Acute pemphigus ran its course in two or three weeks. Chronic pemphigus lasted months or years without affecting the patient otherwise. Twelve of his fifty-seven patients died, and of these twelve, seven had syphilitic pemphigus, four p. cachecticus, and one p. pyæmicus. Post-mortem showed only signs of hereditary lues or general atrophy, nothing definite to explain the pemphigus itself. As to treatment, Steiner can give us nothing different from that above spoken of.

Pribram describes very carefully the clinical and post-mortem appearances of a case of febrile pemphigus in a phthisical young man of 17, where death from tuberculosis occurred during the eighth week.

Köbner discusses the existence of an acute pemphigus, from which, however, we gather nothing new of pathology or treatment.

Thomas reports a case of acute pemphigus in a child $1\frac{1}{2}$ years old. There were several complications in the case, and he says the patient had been formerly under his care with a more chronic form of pemphigus. This case, therefore, like many others reported, fails to absolutely decide the question of an acute pemphigus, *i. e.*, not chronic or returning.

Klein reports a case of severe pemphigus, lasting during the better half of pregnancy and rapidly recovering after confinement. Such cases have also been observed by others.

Steffen reports having seen an outbreak of acute pemphigus at Stettin, seven cases together in a children's hospital, and one in private practice. He therefore believes against Hebra that an acute pemphigus does exist. Six of the patients died. We think, however, what was observed should rather have been called, "some epidemic disease with pemphigus-like bullæ."

Chatagnon reports a case of chronic gastralgia being followed by acute pemphigus. Erysipelatous patches were covered with large bullæ. Desquamation occurred in large thick scales, particularly on the palms and soles. Again we rather question the correctness of calling such an affection pemphigus. There are, of course, many cases of cutaneous appearances accompanying

other diseases which are reported as pemphigus. Those we have spoken of are such as seem of most importance.

MILIARIA AND SUDAMINA

Are now pretty generally considered not to be cutaneous diseases, but symptoms of some definite general disorders. Except to be referred to, they are gradually being dropped from lists of diseases of the skin.

PRURIGO.

Considerable advance has been made in the pathology and treatment of this formidable disease. But before we speak of these, it is absolutely necessary to explain that by *prurigo* we mean a distinct disease, and that the word *pruritus* does not convey the idea of a disease, but only expresses that there is itching. We have *pruritus* or itching in prurigo. These two words have recently been so carelessly and unscientifically misused, that attention must be called to it here, otherwise we may be misunderstood. Fox in his clinical remarks is obliged to again warn against this mixing of these two terms, which from their sounding alike are constantly interchanged, whilst in reality one means a fortunately rare disease, and the other designates a common symptom. Teachers of dermatology on both sides of the water have made repeated protest against it. It would, of course, be out of place for us here to say more than that in accordance with the highest and best authorities, we mean in this article by *prurigo* a disease, and by *pruritus* simply the sensation of itching.

In no dermatological work we know of will there be found more good strong common sense than in the five-and-twenty pages Hebra devotes to prurigo in his book on cutaneous diseases, which a year or two of study and observation at his clinique will satisfactorily prove to any one. *Pruritus senilis*, and *pruritus* or itching of this or that part of the body, either from hyperæsthesia or the presence of this or that animal parasite, Hebra carefully separates from the distinct and fearful disease prurigo, that from Willan and Rayer's time has been recognized, but under which also, by those observers and their

followers and imitators, has been classed the, so to speak, true *pruritus cutaneus*. Under the title of prurigo there have been many articles written recently, which, upon the slightest glance, will at once be seen refer to *pruritus cutaneus*, due to some of the above-mentioned causes. Notice of these, therefore, we of course omit, at least for the present.

True prurigo, as seen and described by Hebra, is a fearful and incurable disease, apparently extremely rare in this country as well as in England, but by no means so in France, or especially in Germany. Hutchinson, Milton, Fox,—all three English dermatologists, are uncertain whether they have ever seen Hebra's true prurigo in England, and almost doubt its distinct existence. Wilson has seen and understands it.

At from five to seven years of age the little patient will begin to show small subepidermal papules, rather recognizable by the touch than the sight. They are always isolated, and constantly leave some regions unaffected. These itch intensely, and the necessary scratching removes the epidermis, showing a little fluid, or, if the papilla has been wounded, then a drop of blood, which dries to a black crust. From henceforward the disease increases and the further changes due to never-ceasing scratching, are, pigmentation up to almost negro blackness, thickening, roughness, dryness, and furrowing of the common integument. There will naturally result pustules and excoriations, with enlargement of the glands, particularly the inguinal. Examining a patient with prurigo, we find the head free, the hair dull and dry, the face but rarely affected, but pale and unhealthy. Worse on the extremities, but never perceivable by sight or touch in the arm-pits, elbows, flexor side of wrists and palms, groins, hams, and soles. The disease at times simulates many others, especially eczema, scabies, lice, and it requires a practised eye and careful exclusion of one after another of these to diagnosticate the complaint. At its height the whole complex of symptoms is very striking and definite.

Neumann describes these papules above spoken of as consisting of circumscribed cell-proliferations in the papillæ, accompanied by an exudation, not extending to any elementary form, which elevates the epidermis. The rete and epidermis

are more developed and pigmented. The pointed cells described by Schrön and Schultze are abundantly developed. These last are seen in patients with excessive epidermis or epithelial growth. The papillæ and cutis are enlarged and thickened with connective tissue; the outer root-sheath strongly developed, and the hair-follicle with club-like distention. Further study of the cutaneous nerves must decide whether an anatomical change in them may cause the disease.

Derby, under Biesiadecki, studied the anatomy of several cases of prurigo, and reports as the result of his examination: 1st. That there exists in prurigo an affection of the hair. From the outer root-sheath there is a prolongation composed of epithelial cells, which thrusts itself between the separated fibres of the *arrector pili*. 2d. The *arrectores pilorum* are largely developed, and their pulling on the hair causes it to stand more vertical, goose-skin, besides favoring the bulging out of the inner sheath of the hair-follicle and the outer root-sheath. 3d. Finally, a serous exudation takes place near the hair thus diseased or abnormal; this permeates the tissue of the corium and papillæ, exuding a clear or sanguineous fluid on puncturing the papule. Hence is explained why the prurigo papules do not appear on hairless spots, as the palm and sole, rarely also on the flexor surface of the extremities where the hairs are very few and scattered.

As to the treatment of true prurigo, we can, of course, only learn from those under whose care it has come. The result in both the French and German schools has been to show that the disease is incurable, but temporarily relieved by treatment. Rayer long ago said that except in a few cases in which the constitution of the patient may need special attention, he would recommend external treatment exclusively. With this Hebra agrees, saying, "external remedies alone are of any use in prurigo." These remedies are, however, but few, being the same employed in psoriasis, scabies, chronic eczema, lichen ruber, et cetera; namely, those which, so to speak, *reduce* the skin quickest—water, hot and cold, in all the various methods of applying it, soft soap, sulphur-ointments like Wilkenson's, Vlemingkx's sulphide of lime, baths of corrosive sublimate, the

various fats or oils, as cod-liver oil, the tarry compounds, as oil of cade, ol. rusci, and lastly, carbolic acid. The details of the use of any and all of these are, of course, not in place here, since we are but to indicate where and how progress has been made in pathology and treatment.

URTICARIA.

There has not been much advance made either in the pathology or treatment of this disagreeable complaint. It has been called a neurosis, but so have several other diseases, which does not advance us. Here and there cases have been reported where some definite cause could be seemingly assigned for its appearance different from those hitherto regarded as likely to excite it. Failu has published a well-written pamphlet on urticaria, being a prize essay on this disease, which he well calls "La plus singulière des maladies cutanées." Nettleship reports a case in a little girl two years of age. The urticaria was first noticed when the infant was three months old, and it has continued. Pigment blotches have resulted on the spots where it was most abundant, namely, the neck and trunk. The London Hospital Reports speak of two cases, one in a boy, the other in a man æt. 44, accompanying erysipelas of the face.

Dumontpaltier reports a case of intermittent urticaria where the attacks returned each night for six weeks. Rheumatism and asthma prevailed in the family. The children suffered from intermittent diarrhoea, alternating with urticaria.

Wilson reports cases associated with rheumatism, from uterine trouble and from mental shock. Gubler reports a case of urticaria coming on the third day of small-pox. It lasted three days, during which time the variolous eruption remained stationary. Jütte describes as *urticaria haemorrhagica* a case where itching, red wheals or blotches appeared, some one-half to one inch in diameter. The redness increasing in a few hours, subcutaneous hemorrhage occurred, and the exudation passed through various changes of color. Willan and Rayer have called this *purpura urticata*. Fouquet saw five cases of *urticaria tuberosa*, swellings the size of a walnut or hen's egg, of whitish color, appearing especially on the extremities of

women, lasting a day, and disappearing with slight epidermal desquamation.

Villan describes as *urticaria evanida* two distinct forms, one that appears spontaneously and rapidly vanishes, whilst the other is called out only by rubbing or energetic muscular action; this last form he never saw associated with the first. Writing with a blunt point a name or figure on a skin disposed to this affection, and corresponding raised sharply defined wheals appear. This muscular sensibility is more or less present in all people, but may arise to a positively morbid condition, so that even washing with a sponge brings it out. The wheals are caused by contraction of the cutaneous muscles. Chloroform and ice prevent their formation and relieve them.

Manteggazza speaks of a new alimentary nervous excitant called *guarana*, something like chocolate. It comes from Brazil. In the human subject it seems to produce, in large dose, sometimes slight strangury and urticaria.

ERYTHEMA.

Much the same in reference to pathology and treatment must be said of this disease as of urticaria. It is nevertheless now better understood how the affection produces such different appearances on the skin as concentric rings or segments of circles, that it may also appear as papules, that it comes where two surfaces rub together, and that it may cause very large tubercles or lumps, all of which quite different symptoms are due, perhaps, to the same unknown cause. The idea is gaining ground that the erythemata, for instance, *erythema iris* in circles, is connected with, or may be regarded as, less developed *herpes iris*. Erythema in a peculiar form has been noticed in large numbers of cholera patients.

Hutchinson saw a case of *erythema annulare* (*herpes iris*) in a boy æt. 5, where the attacks recurred in three successive years. A rather more doubtful case, *i. e.*, whether it could be considered true *erythema multiforme*, was in a lad æt. 15, where the trouble repeatedly occurred for fifteen years after vaccination, and where over some points vesications were developed.

Bohn attempts to prove that *erythema nodosum* and *pur-*

purpura rheumatica are caused by the same process. He holds that every nodule in erythema nodosum is due to a circumscribed hemorrhagic inflammation, an inflammatory infarctus of the skin caused by an embolic process in the finer cutaneous arteries. As he could find no disease of other organs (as heart or arteries) to account for this embolus, he refers it to embolic formation by blood and fibrine clots in the patient's blood. He goes on to show how purpura rheumatica is not to be connected with rheumatism, but much rather allied to erythema nodosum, dependent on this embolic process. He also explains away by this theory the generally received views of some dermatologists in reference to the rheumatic character of purpura rheumatica and even of erythema nodosum.

Huet, under the name of *erythema papulatum uræmicum*, describes a peculiar eruption, appearing very often, if not constantly, in uræmic poisoning, and of prognostic value. Numerous papules show themselves, surrounded with more or less halo, or on an erythematous portion of the skin. They come all over the body, but especially at first on the palm and sole, fore-arms and face. They do not seem connected with sebaceous or sweat-glands, as they are no more common where these latter exist in abundance. These red papules are sensibly elevated to the touch, last but a few days, and flatten down, the halos spreading wider and wider till they meet, and thus form a large erythematous patch. After about two weeks a slight desquamation occurs. These light red spots change to a darker red, violet, and finally blue-black. The injection disappeared on pressure of the finger; now it no longer does so, and we have petechiæ. Itching he noticed in but three of the fifteen cases. After death the spots disappear, except the petechiæ. Once he noticed vesicles in the erythematous spots. These appearances he saw in uræmic poisoning, in the last stages of Bright's disease. He regards it as an uræmic symptom, and connects it with the kidney degeneration in chronic parenchymatous nephritis. Of 224 cases under his care during seven years, 123 died, and among them this eruption showed itself 19 times, i.e., in 15 per cent. of the fatal cases. He recognizes and makes a careful distinction between this and what Fuchs called *cneamus vulgaris*.

HERPES LABIALIS, OR BETTER, FACIALIS.

This affection is now recognized as accompanying febrile diseases. The groups of vesicles will also be seen on the mucous surface of the mouth and pharynx. As to whether such herpetic eruptions in febrile diseases are of good or bad augury, authorities differ. They of course are not of special interest to the dermatologist. Similar sorts of herpetic eruptions occur in otherwise perfectly healthy persons on the forehead, lids, nose, and ear ; and in young persons, at certain definite periods of the year, herpetic eruptions recur with febrile symptoms over the extensor surface of the elbow and knee-joints, and after a few days similar groups of vesicles show themselves on the cheeks or perhaps other parts of the body. These facts, if not new, are now at least settled by recent clinical observation.

Not much light has been thrown on the pathology or treatment of this form of herpes. Nothing has been gained by calling every case of it by the name of a quite different disease, *herpes zoster* or *zona*. Wilson observed a case of bilateral herpes labialis accompanied with catarrh and slight stomatitis. The locality of the eruption would, if it depended on it, imply irritation of the dental branch of the inferior maxillary in the right side, and filaments of the infraorbital branch of the superior maxillary on the left side. He mentions a case where repeated attacks, every four to six weeks, of herpes, occurred in a lady æt. 28, on the nose, but the vesicles, so to speak, aborted, coming only so far forward as to form a blotch. Another case was where a tender tooth in the upper jaw, second left bicuspid, after inflammation, seemed to be the cause of an herpetic eruption on the skin of the lower lip, close to the mucous border.

Bertolle reports cases of herpes of the soft palate, in which, during perfect health, there was suddenly fever, severe headache, difficult swallowing, raised pulse, and hot skin. On the first to second day the pharynx and tonsils were very red and swollen, and the latter covered with miliary yellow spots ; occasionally these were seen on the soft palate or gums. They never appeared on the posterior pharynx, and even in Motet's case no

vesicle was seen *beyond* the isthmus faucium, although in this the lips and cheeks were studded with herpetic eruption, and finally also the extremities. The vesicles are not confluent—leave a flat ulcer that quickly heals. When herpetic eruption follows on the commissure of the lips and nose, it indicates rapid termination of the trouble and quick recovery. In women it appears about the menstrual period, or when the menses are delayed or suddenly checked.

Gerhardt explains the origin of herpes facialis thus:—The small arteries which run in the bony canals next the fine trigeminal twigs, become at the commencement of the febrile attack contracted, and during the hot stage again dilate, so as to press on the nerves and irritate them, hence a vesicular dermatitis. He thinks h. facialis occurs between the chin, ear, and eye-brow.

HERPES PROGENIALIS

comes, as is now agreed, on all parts of the penis, and on the female external genitals. It is simply ridiculous to attribute it to venereal, or to contact with venereal sores or discharges. Many a perfectly chaste male or female will have repeated attacks of it for years. Whether, when the disposition is present, the irritation and excitement of coitus tends to call it forth more often, is an open question. It has nothing to do with any form of venereal disease. When the crusts fall off, after the vesicles dry up, there is sometimes quite a little ulcer, which, when irritated by walking, etc., assumes the appearance of a chancre, and *time alone* can decide between them. Of course those who suffer repeatedly from herpes progenialis are more likely on contact to take chancre or syphilis, or both, because they have a number of excoriated spots denuded of epidermis.

Recurrent h. progenialis has been here and there noticed, and Doyon, in a recent monograph, proves he has seen it very often, and understands its periodicity, etc. With true French instinct, however, he attributes its cause to a *dartre* constitutionally, and a venereal sore locally. That it occurs and is more likely to be noticed in those with venereal, is true, but plenty of observations prove it has nothing to do with that disease. In

the sulphurous and chloro-saline waters of Uriage, Doyon thinks will be found the best derivative, alterative, and tonic treatment needed; but a sojourn of many weeks is required for several successive years. He is medical inspector of these waters at Uriage.

As to the treatment of herpes progenialis we are but little advanced, except to know that nothing will prevent it; and all irritating substances applied to the surface after the vesicles break, serve to render them more like ulcers and hard chancres, to the annoyance of patient and physician. To bring herpes progenialis and *cold sores* under *herpes zoster*, or call it a neurosis, is no advance, but simply tends to confuse student and teacher.

HERPES ZOSTER, OR ZONA,

is a disease which has been known and suffered from for ages, but what at present concerns us is, that its pathology has recently been studied and its treatment attempted. It remains, however, still a "game we do not understand." New facts about it are, that it has been now seen on all the different regions of the skin from the head to the feet, on the inside of the nose, and on the tongue. It has been noticed to occur repeatedly in the same individual. It not very infrequently appears on both sides of the body at the same time, and then perhaps not over corresponding nervous tracts. It affects one side of the body as often as the other. It is more common in April, May, October, and November. It may occur as early as at five, seven, or ten months; is not uncommon in children. It may be accompanied or followed by paralysis. It may leave lasting or permanent neuralgia, and that of an intense character. It may be followed by dangerous sloughing, and finally in the aged it may cause fatal prostration.

When affecting the ophthalmic nerve it has naturally attracted the attention of ophthalmic surgeons who have especially studied it, and report that it may greatly injure or destroy the eyeball. The disease seems sometimes to be almost endemic.

We have thought it best to give this little sketch with the references to establish the statements, rather than encumber

ourselves with quotations from the various authors it is culled from. A single etiological point is Mr. Hutchinson's idea that zoster may at times be called forth by arsenic.

We have made a pretty thorough study of what has been written in reference to the etiology and pathology of zoster, and our index holds all the authors' names and articles indicated, but it would be too long a list to introduce here. Such men as Bahrensprung, Bohn, Thomas, Vernon, Hutchinson, Bowman, Emmert, Weidner, Jolnen, Gerhardt, Hebra, Woakes, and many others, have dissected, studied, speculated, and theorized over this nosological riddle, and we have done the same with what they have reported, but fairly give it up. We have, however, arrived at this conclusion, namely, that the same cutaneous, morbid appearances may be called by irritation of the cutaneous distribution of a nerve or by irritation of its terminal connection with the nervous centres. We agree with Mr. Hutchinson, that whoever may succeed in unravelling the mystery which at present surrounds zoster, must at the same time make a discovery in physiology.

As to the anatomy of zoster, some light has been thrown on its apparent erratic appearance by Voigt's minute dissections of the terminal distribution of the cutaneous nerves. He has shown that tracts of skin that we thought zoster should not have invaded, are in reality supplied by prolongations of the nerves we recognize as implicated.

Biesiadecki found the papules and vesicles were formed in the same way as in eczema. When pustules form, the cell elements increase in the papillæ and permeate the whole corium and a part of the subcutaneous cellular tissue. The papillary blood-vessels are enlarged and crowded with blood. From the papillæ spindle-shaped cells push into the mucous layer, they subdivide, pushing apart the epithelial cells, as series of round cells. The epithelial cells are thus compressed and seen lying vertically towards the epidermic layer as slim threads. In the centre of the pustule there is a considerable cell-proliferation, and collections of pus are found in the mucous layer in a network composed of the compressed and altered epithelial cells of the middle and upper mucous layer. The epithelium of the

lower mucous layer takes part also in the process by subdivision, often mother-cells holding several nuclei, lying above the flattened and cell-infiltrated corium, but here and there reaching into the network. The network passing through the pustules consists of the epithelial cells pushed asunder and compressed, of the middle and upper mucous layers, and the cells of the sebaceous and sudoriparous follicles. Both take part in the formation of the pit or scar. Around and in the neurolemma there is evident cell-proliferation in herpes zoster, like the similar proliferation in neuroma and carcinoma around the trunk.

Every remedy found to relieve even a single case of zoster is an advance in treatment, and should therefore be here recorded, since the physician's repertoire and the patient's endurance is likely to be sorely tried. A physician suffered six weeks with severe neuralgia after zoster on the trunk, and reports finding relief from painting the parts with a solution of iodine and collodion, and taking the syrup of iodide of iron internally. This "acted magically." He continued with citrate of iron and quinine, and soft extract of opium and belladonna smeared on the parts where the zoster had been.

A writer reports having seen numerous cases during the hot summer of 1868, and he recommended painting the vesicated patches with flexible collodion, as the cleanest and most effectual means of preventing the rupture of the vesicle, and suitable at every stage of the disorder, even in cases where superficial ulceration has taken place.

Crepinel says that he found great benefit in the treatment of zoster neuralgia by applying chloroform and oil (one part to five) several times a day, increasing the proportion of chloroform with the severity of the pain. The remedy to be used at as early a stage as possible.

Chegnon records an instance of the good effect of blisters in arresting zoster and preventing the persistency of the distressing neuralgia. Chaussit also thinks blisters are most useful. Forget finds that blisters do not hinder, but may even promote the eruption, but they are one of the best means to relieve the succeeding neuralgia. Bandon recommends smearing the affected part early with a solution of chloride of iron mixed with laudanum.

Bowman, in one case, relieved the persistent neuralgia after *h. zoster ophthalmicus* by dividing the supraorbital nerve and subsequently the branches of the infratrocchlear.

At present, of course, besides opium plasters, we have subcutaneous injections to fall back on. And those who have experienced in themselves or witnessed in others the sometimes fearful pain of zoster, will readily grasp at anything to obtain or give relief. On the trunk, where there will be motion of the skin, application of unstimulating plasters in large pieces gives some relief by steadyng the parts and preventing dragging. We omit here, of course, all the list of remedies tagged on to the account of zoster in nearly every book or monograph, so often apparently simply copied from one to another.

HERPES IRIS AND CIRCINATUS,

the latter being a change of form of the former. We spoke of the suggestion made by Hebra, that *h. iris* was perhaps only a further development of *erythema iris*. He has seen both on the same patient. In regard to the time of the year when most prevalent, their involution, duration, etc., it seems highly probable this is the case, and then *h. iris* and its form, *h. circinatus* (*i. e.*, when drying up in the centre), can be removed from the herpetic class to the erythematous. We have nothing new to report as to pathology or treatment.

INCREASED AND DIMINISHED SEBACEOUS SECRETION.

It has now finally been generally recognized that wherever sebaceous glands exist in the skin, they may either secrete too much or too little of their product, or that product may appear of abnormal consistency. Thus a too great flow of sebum, and its collecting on the surface, *imitates* over the common integument several other cutaneous affections, such as eczema on the head, pityriasis rubra on the body, gonorrhœa on the genitals, etc. Cases have been reported by Biett and Bazin of universal seborrhœa, also by Schrimmer; the openings of the sebaceous glands all over the body being stopped up, forming tumors the size of a hazel-nut or larger. Our present knowledge of the use of fats and soaps enables us to treat these cases with a cer-

tainty but recently obtained. Martin recommends corrosive sublimate, grs. viij., glycerine, $\frac{1}{2}$ j., aq. rosæ, $\frac{1}{2}$ iv., to be used where the openings of the sebaceous glands are stopped up.

Diminished sebaceous secretion, of course, renders the skin dry, hard, and rough, and its place must be supplied by oils and fat. It is an accompaniment of *elephantiasis Græcorum*, *sclerema adulorum*, *prurigo* (not pruritus), *ichthyosis*, and *lichen exulativus ruber*. Wilson has made a special disease of it, *xeroderma*.

COMEDO

has been recently, by Virchow, abundantly proved to be a distended sebaceous follicle, whose contents projecting above the surface of the skin becomes black from dirt, and these when pressed out assume the shape of a worm, still only too often supposed or declared to be the true parasite which inhabits the sebaceous glands, the *acarus folliculorum*, concerning which we are apparently no wiser now than when Simon told us of its existence many years ago.

MILIUM OR GRUTUM.

These are also distended sebaceous glands, covered only by a thin epidermal layer. The little tumor contains epidermis cells, crystals of cholesterine, and chalk. Wagner reports a case where the milium contents were colloid. In ordinary milium there is fatty degeneration of the epidermis cells; in the latter, colloid degeneration. The yellow spots, called by Wilson *vitiligoidea*, are apparently due to collected sebum.

MOLLUSCUM CONTAGIOSUM.

A distended sebaceous follicle may so increase as to form wart-like excrescences or pedunculated cutaneous tumors up to the size of a fist. These may be limited to any one portion of the body, or quite general over the surface. Upon the contagiousness of these growths there has recently much been said on both sides. More recently Bärensprung, Virchow, Rindfleisch, Hardy, and Hebra have declared most emphatically that the disease is contagious, generally starting from children. Neu

mann, Wilson, Duckworth, Ebert, and others have not succeeded with inoculation, and therefore deny its contagiousness.

Virchow found on section of a molluscum, a glandular structure, with sebum collected between regularly radially-grouped cylinder cells. The soft mass consisted of epidermis cells and fat.

The necessary treatment has been found to be quite simple, namely, cutting off or pressing out these tumors, and, perhaps, applying some caustic to the gland wall.

MOLLUSCUM FIBROSUM.

Fagge and House dissected the integument of a woman æt. 40, dying of another disease, who had molluscum fibrosum, and found, first, that each tumor is originally developed around a hair-follicle, enclosing at the same time the sebaceous glands belonging to the follicle. Second, that the smallest tumors consist of two distinct elements: a central glandular structure, itself surrounding a hair, and a peripheral mass of very fine connective tissue containing numerous minute oval nuclei. Third, that the glandular body is a sebaceous gland, enlarged by the separation of its sacculi from one another, and perhaps, also, by the actual multiplication and increase in size of the sacculi themselves. Fourth, that the peripheral mass of nucleated connective tissue is developed from the two external layers of the dermal coat of the hair-follicle and sebaceous glands. Dr. Fagge, therefore, thinks the name "molluscum fibrosum" more appropriate than Virchow's and others' "fibroma molluscum."

LUPUS ERYTHEMATOSUS SEBORRHœA CONGESTIVA.

This name was given by Hebra and by Cazenave to a disease occurring on the face most generally, in blotches on the two cheeks connected over the nose, and resembling common lupus in appearance, very obstinate to treatment, and not amenable to that which cured common lupus, for which it is still frequently mistaken. Hence the importance of the recent advance made in its pathology and treatment.

Hebra, since the publication of the letter-press of his atlas,

describing the portraits there given of *l. erythematosus*, has had opportunity of examining the cutis microscopically, and in his book he decides that the disease in reality is due to a special change in the sebaceous glands and their secretion. This idea was also substantiated by Geddings and by Neumann's researches. More recently, however, Neumann has seen, examined, and described a case of *l. erythematosus*, in which not only the face but also the palms were affected; and as there are here no sebaceous glands, Geddings' conclusion that the disease arises from the sebaceous glands cannot be considered positive.

Auspitz described *l. erythematosus* as collections of circumscribed infiltrations, more on the surface, as distinguished from the cell masses in *lupus vulgaris* that fill the whole depth of the skin.

Wilson has given his ideas in reference to lupus erythematosus, and reported fifty-six cases, which do not all seem to belong to this disease. One at least is spoken of as *lupoid chilblains*. He says the disease occurs in weakly people, especially with women. On the fingers the swelling is particularly noticeable, on the face the scaly formation, and on the ears and the scalp the atrophy. The patency of the follicular opening he explains by these being thrown into relief by the absorption of the papillary layer of the skin of the interfollicular space. The pores are large and dilated; distended with epithelial exuviae of a yellowish or grayish tint of color, and often the dry and horny exuviae stand up prominently from the mouths of the follicles.

He recommends arsenic, iron, and cod-liver oil internally; locally, carbolic acid, solution of nitrate of mercury, of caustic potash, tinct. iodine, iodglycerine, ioduret of sulphur ointment, white precipitate, and acetic acid. As this list shows, he regards this disease as a tedious but curable one.

Kohn reports the results of his special studies of lupus erythematosus in Hebra's wards, and gives his views of the pathology of the disease, agreeing with Hebra, Biesiadecki, Neumann, and Geddings, that it is due to trouble in the sebaceous follicles. He does not, however, mention Neumann's discovery of lupus erythematosus on the palms (above referred to), although

he says it may occur there. We omit giving the histological details of either Geddings or Neumann, since they are evidently at present not conclusive. Kohn admits that the disease occurs especially in patients with so-called scrofula, swollen glands, chlorosis, etc.; but he saw it in perfectly healthy persons. Therefore internal treatment may be necessary, but external local applications are alone to be depended on. He gives a very valuable account of each and all of these as used in Hebra's wards, including the above list from Wilson. The indications are to remove the accumulated sebaceous secretions by oils, soap, etc., and the application of caustic potash, a drachm to two of water, concentrated acetic acid, carbolic acid, iodglycerine, sulphur as paste, arsenical paste, and mercurial plaster, with which last he has obtained, perhaps, the best results on the whole.

Wardwell reports in two cases astonishing success from lemon-juice given to the extent of that of three lemons daily.

Geddings explains the practical application of the means of removing the secretions and the application of the stimulating ointment, etc., as above

ACNE DISSEMINATA

is still the bane of the dermatologist. Prof. Virchow says that when an irritative process is set up around a hair-follicle by the retention of its secretion, and assumes a true inflammatory character, "there result the various forms which, since Willan's time, have been commonly associated by dermatologists under the name of acne. According as the filled and occluded hair-follicles produce more or less severe effects on the surrounding tissues, the character of the acne will differ. When the occlusion is superficial the follicles appear in the form of comedones, and *a. punctata* is the result. When it lies deeper, and the neighboring structures swell, when the blood-vessels become dilated and varicose, and when pustules appear, we call the appearance *a. rosacea*. Lastly, when the skin becomes thickened, *a. indurata* is produced." Neumann says acne consists in an inflammation of the vessels surrounding the hair-follicles and sebaceous glands, causing a collection of exudation in the cutis

tissue (Simon). The hair-follicles and sebaceous glands are here at fault, the sebum plug prevents further discharge of the secretion, and thus gives rise to inflammation.

As to treatment, we cannot resist quoting Prof. Hebra, who says: "When we read the sort of treatment recommended in dermatology, we might conclude that nothing is easier than to remove a follicular inflammation which deforms the human skin, and to banish acne from the face where it so sorely tries the vanity of youth. But as soon as the measures which are so much vaunted come to be tried in practice, we are quickly forced to the opposite opinion, that there are few tasks more difficult than to get rid of divers forms of this disease. "I must confess that, in spite of many efforts, I have not yet succeeded in finding a remedy by which acne can be prevented from developing itself, or quickly got rid of when once established."

Soap, sulphur, ioduret of sulphur, mercurial plaster, etc., so long used by dermatologists, are still employed. It requires, of course, study and experience to use these intelligently. But all good authorities acknowledge and their patients agree as to the usefulness and necessity of proper and continued treatment. Treatment has advanced, in that the ridiculous ideas of the past as to diet of one kind or another being necessary, fats or no fats, alcohol or not, etc., have given place to much more common-sense views. Here and there lately one or another has recommended what they have found successful in particular cases, and we introduce them here, but always under the shadow, so to speak, of the quotation from Hebra above given. Ferрат recommends nearly what Hardy used at the St. Louis hospital, corrosive sublimate locally, also astringents of alum and peroxide of iron, or proto-iodide of mercury. Ross says that after watching carefully a case of acne he found that the same follicles inflame and re-inflame at successive times, and he therefore advises a small incision to be made through the skin over the follicle, and a fine capillary tube charged with strong nitric acid to be applied. The acid penetrates the follicle, but does not burn any portion of the skin beyond the circumference of the tube. Gabler reports surprising success in *acne punctata* from glycerine, given in doses of two dessert-spoonfuls per diem. His idea is

that it traverses the sebaceous follicles, and thereby modifies their secretion.

ACNE ROSACEA.

Pathology recently rather points towards considering this disease as not belonging under acne or troubles of the sebaceous glands and hair-follicles, but as really a formation of new vascular and connective tissue, and therefore, although it is often associated with acne disseminata, it is properly to be classed among the *new growths*. Clinical experience has shown that although frequent in good-livers and wine-bibbers, it is not necessarily restricted to them. Certain cases of *acne rosacea* can be traced to causes of a more or less definite kind, but in other instances we can discover no condition to which the disease can with any probability be attributed. In both sexes, and at all periods of life (except, indeed, during childhood), it often enough appears, without the slightest ground for ascribing it either to drink (in male patients) or to disorder of the uterine or sexual functions (in females).

As to *treatment*; in the first degree sulphur, long ago recommended by Alibert, is still used in the form of soap, wash, or ointment. Avoidance of heat and cold and irritation of the skin, regulation of the kind and amount of food. In the second degree, with extensive vascularities and even large excrescences, it is essential to destroy the dilated veins, or at least render them impervious. The quickest way of effecting this is to make a number of incisions with a sharp narrow bistoury or cataract-knife, so as to cut the dilated veins longitudinally, particularly those of which the loops are plainly visible, being gorged with blood. The blood should be allowed to flow for a little while, and the parts should then be touched with a brush dipped in *liquor ferri perchloridi*. In the third degree the nose has greatly altered in form, and enormously increased in size, although the bones and cartilages remain unaffected. Even in such a case one can cut off as much of the thickened and hypertrophied skin as may be necessary to reduce the part to a bearable condition.

Mesterten has given more or less the same form of treatment

above noticed, and which has long been in use. Guibont gives an account of treatment of *acne rosacea*, consisting of punctures with a lancet and stimulating applications, the success of which is readily explainable from the above description of anatomical relations found by histologists. Want of intercommunication between the foreign schools naturally causes many things to be rediscovered.

ACNE MENTAGRA, OR SYCOSIS,

is due, so recent pathology teaches, to pus in the hair-follicle and cell-proliferation in the neighborhood. There is at present a diversity of opinion as to its cause. Gruby, Bazin, Hardy, Anderson, Köbner, and Michelson hold to its parasitic origin. Wertheim attributes it to the hair being too large for the sheath. Hebra, Neumann, and of course Wilson, deny parasitic origin to sycosis. Others agree that we may have more or less the same cutaneous appearances from simple inflammation of the hair-follicle, and also produced by the presence of the vegetable fungus, which, when it is present, Hebra and Neumann hold to be the same as that of herpes tonsurans.

Treatment of this disease, whether parasitic or not, has advanced considerably over the old Roman method of burning the face with hot irons. Epilation of the hairs, shaving, and stimulating applications, as soft-soap, sulphur paste and soap, and weak red precipitate ointment, will readily cure this once formidable complaint, and therefore we may cease to administer internally any of the long list of drugs formerly used, whose names still lumber up the chapters on sycosis in many books. Stewart reports success with the saturated solution of nitrate of potash, applied three or four times a day according to the amount of pain.

LUPUS VULGARIS.

Certainly since the days when the worn-out wood-cut of cancer of the face in Druitt's Surgery gave our students the idea that such was the effect of lupus, both pathology, and more especially treatment, have materially advanced. Many an otherwise poor wretch, both male and female, may now thank Prof.

Hebra that the treatment he long ago showed to be so successful has restored them to society, mutilated perhaps by the disease, but still not so revolting in appearance as to deprive them of opportunity of earning a livelihood or of associating with friends and relatives. A knowledge that cod-liver oil internally and thorough application of solid nitrate of silver externally will cause lupus to heal up with scars only simulating burns, has by Hebra's work been some time spread abroad amongst medical men. Certainly it is a great pity that an equal knowledge of the exact and only successful method of applying this caustic has not been disseminated as well. Without personal observation of this latter it is but seldom carried out as it necessarily must be. Want of success on this account explains the contradictory accounts the journals are full of, and the reasons why so many internal remedies are used and recommended. It is a little curious to see success reported wherever the solid nitrate sticks were used (Purdon, Milton), or a caustic treatment most allied to it, either with or without internal treatment, for instance by the use of chromic acid, arsenical paste, or acetate of zinc. Moreover, one after another, as they get hold of what Hebra does and says, find they also can do the same. Mistakes from not separating *lupus vulgaris* from *lupus erythematosus* (a very different trouble), and also from mistaking *specific lupus* for *lupus vulgaris*, readily explain unsatisfactory results.

Besides the good results of cod-liver oil and iodide of potash internally and nitrate of silver externally, Hebra lately furnishes us with his success with galvano-caustic in *lupus tuberculosus*, *hypertrophicus*, and *serpiginosus*. When the proper method of using this has been understood and followed, the same success has been met with. Its more rapid action greatly recommends it, a single application being equal sometimes to twenty of solid nitrate. Lupus itself must be understood by one who uses galvano-caustic for it. Coolidge gives an account of its method of use. Carbolic acid for the lighter forms of *lupus maculosus* and *tuberculosus* has been lately used with success and found to be a powerful caustic. It acts, however, differently from nitrate, beyond the spot touched, and rather

mummifies the tissue than destroys it. Here we must leave the treatment and hasten to the recent advance in the pathology of this disease.

As lupus is gradually more and more studied and understood, the desire naturally enough showing itself here and there to make varieties of simple stages or varied appearances, is being resisted, and observers are settling down to following those who have *shown* the best results, not simply reported them.

Till quite recently the external anatomical appearances have been alone described; now we have microscopical examination from Berger, Pohl, Wedl, Auspitz, Rindfleisch, and Neumann. The last sums up our knowledge by saying that the primary trouble in lupus vulgaris comes from the cutis, and not, as in lupus erythematosus, from the sebaceous glands. The cell-proliferation pressing to the surface causes the appearances we have in lupus maculosus, tuberculosus, etc. When this cell-proliferation reaches inwards, it causes from the commencement increase of tissue. The changes are in general these. The cells of the rete Malpighii exhibit granular contents or fat granules or pigment, the corium is succulent, thicker, the papillæ broader, the meshes larger than in the normal skin. In this is a net-work of fine connective tissue fibres. The cutis is uniformly filled with groups of roundish or oval cells. The subcutaneous connective tissue is thicker, the fat cells scarce or quite absent. The sudoriparous glands are present, blood and lymph vessels dilated, sebaceous glands scarce. Papillæ larger but much broader, though here and there quite normal. A similar infiltration occurs in the subcutaneous cellular tissue. Cohn's results of microscopic examination of lupus hypertrophicus must be compared with this description also.

ANTHRAX.

Reverdie has lately examined the causes of the special gravity of anthrax and furuncle of the face. He concludes that anthrax and furuncle have a special danger, due to their being readily complicated by phlebitis. This phlebitis of the face is fatal by propagation to the sinus of the dura mater, or by becoming a source of purulent infection. Anthrax of the lips more than of

other parts of the face is likely to be complicated by phlebitis: this is explained by the peculiar texture and structure of these parts. Anthrax of the lips is perfectly distinct from malignant pustule. Phlebitis invading the orbit, shown by the exophthalmos, is an almost certain proof of invasion of the sinus. Incision made as quickly and extensively as possible seems to be the best method of preventing, and sometimes of arresting the complication of phlebitis.

Pritchard recommends, with Physick and Travers, the treatment of anthrax by caustics. The centre is to be burned with caustic potash; from a fourth to a third of the whole induration must be destroyed. He also uses iodine dissolved in collodion.

MALIGNANT PUSTULE

needs the knife and caustics at once, to stop its fatal result, according to the majority of observers. It is a disease more likely to come under the surgeon's hands, and is pretty generally treated of in systematic works: We therefore here but mention three special recent monographs by Raimbert, Gaujot, and Bourgeois.

BOUTON D'ALEP, DE BISKARA, DES ZIBANS, ETC.

according to Polak, is a new connective tissue formation occurring on the outer commissure under the eye-lid, cheek, tip of nose, lips, and especially on the lower extremities. It attacks European strangers, and is endemic from Aleppo to Bagdad, but also seen in Cyprea, Cairo, Suez, and Teheran. Natives have it from one to seven years and strangers at any age. It comes but once during life; as a red spot, gradually changing to a broken-down papule. The edges of the ulcer when formed are thick and infiltrated, the granulations become ichorous. After eleven to fourteen months the ulcer clears and cicatrization occurs. Applications of sulphuric acid are recommended. There are repeated notices of this peculiar form of ulcer scattered here and there in recent medical literature.

Groeschel and Rigler have contributed to our knowledge of bouton d'Alep, and in Algeria the same form of ulcer is frequently described under the name of bouton de Biskara, des Zibans. A comparative study of the Aleppo boil and that seen

in Africa is given by Hamil with the bibliographical account. Treatment recommended was, emollients during the inflammatory period of ulceration, mercurial and belladonna ointments, and diachylon plasters. It seemingly runs its course under any and all treatment.

These forms of ulceration have been shown to be quite distinct from what has received the name of *Mozambique* ulcer.

RODENT CANCER AND ULCUS HOMA

have been particularly described with cases by Moore and Zedelhoff respectively. They come, perhaps, more properly under general surgery than dermatology.

HYPERTROPHY AND ATROPHY OF THE SKIN.—SCLEREMA OR SCLERODERMIA.

Enough cases (over 40) of this rare disease have already been reported in the various journals to make quite a book, and we forbear, therefore, giving the references. Walter reports an anatomical examination of the skin. The microscopical results of Neumann, Arning, and Förster have varied. There has been seen increased pigment, hypertrophy of the elastic tissue and of the connective tissue.

Sclerema neonatorum has also been microscopically examined, and connective tissue proliferation found by Förster and by Löschner. Chevreut found in the blood two coloring matters not belonging to the gall-coloring matters, indicating a change of coloring matter which Henning has shown to resemble indigo.

Fagge shows that Addison's keloid is the scleriasis now so often noticed. Lombroso reports in detail a case he calls *makrosomie*, strongly resembling sclerema. Here, also, Warren's histological examination of true keloid should be mentioned.

Rhino-scleroma.—A peculiar new formation has been seen by Hebra in already nine cases. It occurs on the nose, upper lip, forehead, and cheek, very like a syphilitic sclerosis of the prepuce. There is a hard ivory-like feel to the part, the color varying from normal to dark reddish-brown. It progresses slowly, and has no pain. Kohn's examination showed it to be a cell-in-

filtration of the upper layers of the corium and the whole papillary body. Hebra places it next granulation sarcoma (Virchow); when it stuffed the nostrils, he reduced it with caustic potash, and there was no return.

Cutaneous horns are here and there but rarely reported. One in a peculiar position is reported by Shaw on the eye-lid.

Neumann describes a retrograde process in the cutis of old persons, whereby the fibrous bundles of the cutis quite disappeared, and for them was substituted a homogeneous mass much resembling coagulated size. Nerves and vessels seem to have quite disappeared, and as little was to be found of the other adnexa of the skin. The whole cutis was greatly thinned, and the tissue of the specimen cracked both longitudinally and transversely, possibly due to the preparing, showing, however, great brittleness. These are similar changes to those seen by Lindwum and Buhl in a case of hypertrophy and ulceration of the skin with amyloid degeneration; by Weber in the vessels of the skin of the face; and by Bärensprung at the bottom of an indurated chancre. These degenerations start from the vessels, and hence indicate a severe disturbance of nutrition of the whole organism.

These glassy swellings Weber regards as hyaloid *degeneration*. According to him, it starts from the finest arteries quite generally, and later spreads to the parenchyma cells of the special organ affected. The epithelium of the arteries is first affected, and from this the whole arterial wall, which thus becomes homogeneous. The process leads to narrowing of the diameter of the tube. The other tissues soon follow the arteries. Weber thinks that the protoplasma itself is changed, special substances being brought to it with the blood, which are at the same time the exciters of the abnormal change of the protoplasma. Further research is needed to clear up the origin of this change of the epithelium in the arteries. First, whether the epithelium cells of the finest arteries are really the points of starting, since in similar processes in other organs it is quite clear that they commence outside of the inner lining, whereby the latter is pushed inwards in the form of a protuberance, necessarily reducing the size of the vessels, for example in the arteries of the brain.

Wilson has seen and described some cases of false cicatrices or linear atrophy of the skin. These are also described by Wilks.

Vernois has published a pamphlet in which he gives the several portions of the body in which callosities will be found, according to the occupation followed, and also the stains, marks, etc., on the hands of workmen. This is of some value in a medico-legal point of view.

HYPERTROPHY OF PIGMENT.

The discoloration of the skin accompanying what is known as Addison's disease, should perhaps be here mentioned, although the affection belongs more properly to clinical medicine. Martineau has recently given a resumé of what has been written on this disease, and introduced some cases, including their anatomy and pathology. Except as simulating some, it hardly belongs among cutaneous affections.

The subject of *chromidrosis* has recently attracted attention, and cases here and there have been seen by competent observers. Mericourt published a memoir on it, in which Robin's chemical examination of the material secreted is given. Robin states that it is not a substance foreign to the human organism. Its character proves it to be a species of coloring material analogous to that which, long known as *cyanourine*, colors the urine in certain morbid conditions a bluish-brown to black.

Foote relates two cases, and tabulates the reports of thirty-eight others so far observed. Chemical analysis showed the coloring matter to be allied to the indigo compounds. The theory of coloration in chromidrosis is, that the indican exists in the blood in certain unhealthy conditions. It is colorless and soluble, especially in an alkaline fluid. The indican is secreted by the sudoriparous glands, still colorless. It is now dehydrogenated, and finally oxidized (according to temperature, etc.) into brown or blue-indigo. The indigo-red does not seem to be formed. When the blue is very abundant and deep in color, it appears black. In blue coloring of the lids the urine showed by test no color. Dermatologists have thus proved by the chemist's assistance, that the skin does excrete certain coloring matters.

Jeannin wrote a thesis on the cutaneous pigmentation in pulmonary phthisis, in which he shows that consumptives often exhibit pigment spots on the face resembling those of pregnant women. He thinks the absence of hemorrhages in such patients noticeable. As to the nature of the pigment, one theory supposes it to be fatty pigment, and another that it arises from decomposed hematine.

Smith has communicated an article on morbid pigmentation of the skin, in which he states what is known and theorizes concerning these coloring matters. He forms a chromatic scale with indigo from the urine at one extremity and haemato-crystalline at the other.

Atrophy of cutaneous pigment takes place not only in constitutional diseases, such as elephantiasis Graecorum, etc., but it has been repeatedly observed in the colored races when the patient was perfectly healthy, and on those parts of the body exposed to the sun. Of its cause we seem to know nothing new.

Hypertrophy of the cutaneous appendages, the hair and nails, can be, perhaps, hardly considered a disease, yet the excessive growth of the former in unnatural positions, is an exceedingly disagreeable trouble both for the patient and the physician who attempts to get rid of it. A number of cases have been recently collected by Beigel, many of them, so to speak, historical. We have nothing new to report in reference to the pathology or treatment of excessive formation of hair or of its malposition, of which there are several curiosities reported. What was called *plica Polonica*, and supposed to be excessive and peculiar growth of the hair of the scalp, is at present known to be due to tangling of uncombed and unwashed hair on unwashed heads, matted together by secretions and excretions as well as additional foreign dirt. Hamburger has gone through with the subject quite exhaustively, and disposed of it as has every other dermatologist.

ATROPHY OF THE HAIR.

Curious cases are reported of sudden partial or total loss of hair from the head or body. Todd reports complete loss of hair of the head and body resulting from a fall on the head

and concussion of the brain. Wilson reports cases of loss of hair from deranged innervation, apparently hereditary in some cases. Loss of hair from deranged innervation has also been noticed by Romberg, Ravaton, Simon, and Murray.

There is a form of seborrhœa of the scalp, accompanied by falling out of the hair, well described by Alibert and Hebra amongst others, which Pincus has, however, recently more closely studied. He has also seen it in a lad of twelve years. He distinguishes pointed hairs not showing the end cut by the scissors, not over two inches long, found towards the borders of the scalp; they grow slower, and last from four to nine months, whilst those hairs showing mark of the shears, or the long hairs of women, last from two to four years. By absolute count and examination he found a constant relation between them, and their daily dropping off stood 1.17, 1.15, and 1.9, etc. In this alopecia the relative number of pointed hairs dropping off is increased, although the total loss may be the same. This is the test as to whether the first stage of alopecia is coming on, which is characterized by the decrease of the growth in length. The second stage is characterized by a decrease in the thickness of the hair. These examinations of Pincus are extremely interesting, and explain what is considered as premature baldness. In the first stage treatment is of avail, but seemingly not so in the second. It consists in the use of various stimulating lotions and ointments.

The circumscribed loss of hair called alopecia areata (Hebra, Neumann), porrigo decalvans (Willan), alopecia circumscripta, or area celsi (Fuchs), alopecia occidentalis (Wilson), vitiligo capitis (Cazenave), phytoalopecia (Gruby), etc., has, since the discovery of vegetable parasites, been generally reckoned among the fungous diseases; but more recently this has been disputed by many good observers, who could not find traces of spores. Neumann, Bärensprung, Hutchinson, Veil, Boeck, Scherenberg, Rindfleisch, Duhring, Pincus, Drysdale, et alii, refuse from observation the fungous origin, whilst others hold to it from equal microscopic examination, having found the *microsporon andonini*. Whether a fungus is the real cause of this form of circumscribed loss of hair, *but* is only found at certain stages, yet

remains to be determined. Treatment consists in most energetic irritation of the skin.

That the continued use of arsenic causes a gradual alopecia which is recovered from on stopping the medicine, has been long known, but recent observation of Wyss shows that a *circumscribed* loss of hair, a true alopecia areata, may occur from arsenic.

Spiess speaks of a peculiar loss of hair from atrophy of the bulb, by which the nutrition of the whole hair is perverted. The part next the bulb undergoes a change and exhibits air spaces. If the root is atrophied, the hair readily falls out or breaks off close to the skin, where the air spaces render it thinner and brittle.

Neumann speaks of a peculiar alteration of the shaft of the hairs of the upper lip and arm-pit. Two, three, or more sharply defined swellings encircle the hair. At these the hair cracks in handling, and by pulling breaks up, looking as if singed. Neumann could only find under the microscope the cortical substance fibrous, but no foreign substance. In one case, however, he saw *psorospermia*, such as Lindemann found in a girl's hair who had suffered a long time from headache, and which Lebert also found in the hair of a patient with *favus*. These have been found in the liver, and Neumann considers their nature unknown, although others regard them as a further development of the *gregarines*.

Beigel describes a similar knot-like swelling he attributed to collections of air. Neumann refers them to want of due nutrition of the hair shaft, as he has seen the same in sycosis. Rapid drying of the cortical might cause them. The fatty acid of the sudor of the arm-pit could also produce this result.

ATROPHY OF PIGMENT IN THE HAIR.

Blanching, from advancing old age, is, of course, due to lack of pigment formation; but sudden blanching, or partial loss of color in the hair, has now been several times observed, and its cause, to a certain extent, ascertained. Landois found the sudden blanching to be due to the presence of air in the medulla, and sometimes also in the cortical portion, without interference

of the natural pigment. Wilson related a case where the hairs were alternately white and brown in bands, and would explain it by the brown being the growth of the day and the white that of the night; but Landois examined some of the hairs from the case, and showed the white rings were longer than could possibly grow in twelve hours. Brown-Séquard observed in his own beard sudden blanching of the hairs, *i. e.*, within less than twelve hours.

As Neumann says: "How the air gets into the hair is still a mystery." He subjected black hairs to a pressure of thirty atmospheres under an air-pump for several months, and could find no change of color under the microscope, or any signs of air in them. He also could produce no change of color by pumping air into the hollows of the hedge-hog's quills. Moreover, the hairs of some animals, as the rabbit, have the medullary canal partly filled with air and partly with cells, yet there is an *uniform color*.

We have thus given a running sketch of what has been recently discovered as to pathology and treatment of hypertrophy and atrophy of the skin, and its appendages, the hair and nails. It seems, however, proper to briefly mention some anatomical results of practical importance which have been lately published.

Biesiadecki has in the Vienna Academy Reports contributed largely to our knowledge of the anatomy and physiology of the skin. Meissner published a valuable monograph on the papillæ, nerves, vessels, and sense of touch in the skin. Langer gives some interesting observations on cleavage, or separation of the fibres of the skin, on thrusting sharp instruments through it. By drawings he shows what the general direction of the fibres in various parts of the integument is, and how cuts made in one or the other direction would close or gape on stretching. Important points medico-legally. He also published observations on the power of stretching of the skin. Wertheim reported his researches on the structure of the hair-follicle, deducing some practical points as to the growth of the hair.

Goette has published an extensive monograph on the morphology of the hair. In this he concludes that in man, and probably in all hairy animals, there are two kinds of hairs distinct in their

development and growth, and different in form. The first are those generally recognized with a hair-bulb and an inner sheath, whilst the second grow independently of a papilla, ending in club form and without sheath, hitherto identified with a retrograde metamorphosis of the former. The laws of growth of both kinds are in general the same throughout, independent of species, age, etc.

VEGETABLE PARASITES OF THE SKIN AND ITS APPENDAGES.

The last few years have not added a great deal to our knowledge of the pathology and treatment of those affections of the skin due to the presence of the vegetable parasites. Except among such unbelievers as Wilson and his imitators, it is now pretty generally conceded that the following fungi are found in and on the skin and its appendages:—

- 1st. The achorion Schönleini in *favus*.
- 2d. The trichophyton tonsurans in *herpes tonsurans*.
- 3d. The miscrosporon furfur in *pityriasis versicolor*.
- 4th. A fungus in the *nails*, in parasitic *sycosis*, and in *eczema marginatum*.

It is under the fourth heading that recent investigation has given us new information. A fungus has repeatedly been found in the nails, by Meissner, Gudden, Virchow, Ripping, Bazin, and Wagner. Specimens of these last cases were microscopically examined by Neumann, who delineates the fungus found. Virchow and Meissner consider the fungus as probably identical with that of *favus*.

With regard to *sycosis* it is admitted that whilst there is a form of follicular inflammation simulating parasitic *sycosis*, yet that this latter does exist. The question is still in abeyance as to whether parasitic *sycosis* always takes its origin from *herpes tonsurans*, as held by Bazin and Köbner, also Michelson and Neumann, whose microscopic results, however, we will not here introduce. Panturri sums up his results of the study of *sycosis* thus: Phytosykos is directly due to *herpes tonsurans*; it is still contagious after all appearances of *herpes tonsurans* have disappeared. The parasitic is found in the hair piercing the pustules and papules, and around it. It is identical with the fungus of her-

pes tonsurans. Phytosykosis has morphological, clinical, and anatomical characteristics distinguishing it from idiopathic sycosis or *folliculitis barbæ*.

Hebra does not believe in the parasitic nature of sycosis, as also of course Wilson. Nayler and Hutchinson are unbelievers. Anderson's microscopic results convince him of the presence of a fungus in parasitic sycosis.

Eczema marginatum is the name Hebra gave to a peculiar form of cutaneous eruption occurring mostly on the scrotum and adjacent part of the thighs, and spreading outwards so as to cover such a space as the reinforcing of cavalry pants usual does, coming up in front to the navel. It also appears in the arm-pits. The name he gave it explains its appearance. It was very rebellious to treatment. We need not here dwell on the special characteristics of *eczema marginatum*, which are in reality those of *herpes tonsurans vesiculosus* combined with intertrigo.

Köbner in 1864 was the first to show the presence of a fungus in this disease, upon which it depended, and that the fungus was that of *herpes tonsurans*. This was quickly substantiated, amongst others especially by Pick, naturally combated by Hebra, but finally acknowledged by him; only he holds that it is not identical with *herpes tonsurans* in a clinical point of view at least. Neumann's summary is that in existing intertrigo a fungous growth may change it to *eczema marginatum*. A fungous disease when present, *herpes tonsurans* or *pityriasis versicolor*, favored by locality (*i. e.* complicated with intertrigo) may develop into *eczema marginatum*. In the early stages of the disease the fungus is almost never absent; when the affection has lasted for some time it generally is not found. The fungus found can be cultivated into *pencillum glaucum* or *tricothecium*. These results, except the last, are in agreement with Pick and Köbner's researches, of which they are the continuations.

Two points in reference to *favus* lately discovered should be here mentioned, namely: Pick found a true *favus* crust on the glans penis, and on the most careful examination he could not detect any hair whatever. This therefore stands against Bazin's assertion that *favus* may appear on all parts of the body except where there are *no hairs*.

Simon speaks of what has not been previously noticed, namely, atrophy of the skull over places where favus had existed. How this can take place is difficult to conceive of, since the skin was perfectly movable over the atrophied portions of the bone.

Paxton noticed a parasitic condition of the hairs of the axilla, which proves to be what Hallier has described and considers to consist of threads of *leptothrrix*, anastomosing so as to form a fine net-work.

Hebra's clinical experimentation and experience induced him to think that all the parasitic diseases were due to one and the same fungus, the differences observable being dependent on the stages of development, influenced by the age of the patient and the seat of the affection. In this Hebra is supported, also, by the clinical observations of Pick and Köbner. We do not propose to enter the discussion here, as being foreign to this article; but it is proper to state that Hallier, pursuing the same inquiry from a purely botanical point of view, entirely confirms these observations of Hebra, Pick, and Köbner.

In reference to the treatment of vegetable parasitic diseases, we must say, as in reference to so many other cutaneous affections, namely, that the number of specific remedies proposed and advocated, are hardly surpassed by the number of writers who have had something to say about them or themselves. We are, however, not very much ahead of the pretty successful methods of ease and treatment suggested long ago, when the true nature of these troubles was ascertained. The internal and external use of carbolic acid has naturally been recently tried, and Neumann says in reference to its effect in preventing the germination of the lower vegetable organisms, that it has this power, but must be used much stronger than generally spoken of. A solution of $\frac{1}{500}$ to $\frac{1}{300}$ must be repeatedly used, or the less frequent application of a very concentrated solution of the acid.

ANIMAL PARASITES OF THE HUMAN SKIN.

Our knowledge of the anatomy and physiology of the human animal parasites has been recently much increased by the researches of Bourgignon, Gerlach, Furstenberg, Hebra, Gudden, and Landois. They have not naturally so very much contributed

to our pathology and treatment of the cutaneous affections caused by the presence on or in the skin, of these animal parasites. An important and interesting anatomical point has been noticed by Landois, who has given an exhaustive description of the human pediculi, very perfectly illustrated. In his brief historical sketch closing the articles, he expresses himself as believing possible the fearful stories of persons infected with *swarms* of these vermin, which have now and then been reported and as often doubted. As an anatomist, he has shown the possibility of the existence of the so-called covered lice ulcers, spoken of in these cases. He says that the lice do not eat their way through the skin into the subcutaneous cellular tissue, but bore in by their sucking apparatus. There is nothing remarkable in an animal that breathes by tracheæ thus living under the skin. Among the fleas, the pregnant female flea passes most of her life under the skin in which it has bored, and there lives as a parasite. The same is the case with the acari. Nitsch found in a king-fisher *hypoderas ispida* under the skin, and, in a pelican, a still larger species of acarus under the skin of the breast, as also Ehrenberg in an ibis, and a *dysporus sula* in some other bird.

We can now also better understand the existence of those immense tumuli of the *sarcoptes hominis*, first noticed by Boeck and Daniellsen in their work on Leprosy, in 1848, and since occasionally seen by European observers.

Gull, and later Fagge, have advised, as a means of diagnosis of scabies (rather a method of finding the animal), to examine the detrita of the cuticle and accumulated crusts. Under the microscope, ova, young acari, and detrita of mature ones, are seen. Boiling in a solution of caustic soda dissolves the epidermis, and leaves the acari and ova untouched.

Treatment of all the animal parasitic troubles has advanced, in that there is a more general recognition of the frequent occurrence of head, body, and clothes lice; and here and there praiseworthy attempts are made to establish the truth, that they cause *pruritus*, or itching, which has nothing to do with a fearful disease above mentioned, namely, *prurigo*. Confounding these two words has led to evident confusion between the two distinct diseases.

The old methods of treatment so long employed at the great hospitals in Europe, where thousands of patients with scabies are annually treated, as also at the military hospitals through which the recruits and soldiers with itch pass from the immense standing armies, have gradually been adopted over the world, no matter whether the acarus was forgotten or remembered, found or escaped detection. Those dermatologists who had large civil practice as well as hospital work, learned that the treatment so quickly successful on a thick-skinned peasant, would not do for the common integument of a delicate child or female, a large number of whom constantly come under his hands for cure of scabies. Therefore, nowadays, in killing the sarcoptes hominis in the cutis, we have to take into consideration the patient's age, sex, duration of the trouble, vulnerability of the cutaneous surface, and its special condition at the time of cure. In other words, had we any means of at once killing every acarus on the body, there would still be left an eczematous condition requiring continued and careful treatment. Moreover, in curing the itch we must break down the epidermis, and thus get at the insect beneath, to destroy it. But remedies which will do this also greatly irritate and temporarily increase the eczematous condition. Hence the aim of treatment is to find what remedies will kill the acarus and at the same time heal the eczema, or artificial irritation caused by the constant scratching. This has been Hebra's study, and that he has been very successful is proved by his treatment being followed all over the world, and already so long that it is not recent, although very many physicians seem still unacquainted with it. White has given an ample *résumé* of it, as also Anderson and others. Hebra's book gives it in *extenso*.

Lately what was previously recommended has been more thoroughly carried out, namely, the use of some of the balsams and gums in killing the sarcoptes hominis. Burchardt attributes the first recommendation of the use of balsam of Peru to Dr. Boeck in 1853. The time taken in his methods of treatment was too long. Dr. Gieffers was more successful with this gum in the Charité Hospital at Berlin. Bärensprung then took it up there, and Burchardt reports the results of an improved method

of use. The patient is to rub himself with the balsam in the most thorough manner (upon which the result depends) from chin to toes, especially those places where the itch mite seeks its living.

Pastan first recommended *styrax liquidus* for scabies, and Schultze compares this with balsam Peru. Pastan's mixture is 1 *styrax*, 1 *ol. oliv.* Schultze's, 4 *styrax*, 1 *spr. vini rect.*, $\frac{1}{2}$ *ol. oliv.* twice rubbed in during twenty-four hours suffices, but every crack and crevice of the skin must be included. *Styrax* does not spoil the linen and does not smell bad. The patient is not to wash till after the treatment.

Fröhlich has lately tried balsam of copaiba, which he says requires four to six rubbings, the patient taking no bath during the two or three days necessary for this.

The use of these remedies with women and children whose skins are too tender to bear what will act more rapidly, is a gain in treatment. But it must not be forgotten, as the practitioner will soon find out, that these as well as petroleum, recommended by Decaisne, do not cure the cutaneous irritation or *eczema* that remains after all acari are dead, and which requires careful treatment, especially in children and women.

We have to notice three diseases generally spoken of in complete works on dermatology, which properly belong to general medicine or surgery.

Elephantiasis Arabum, as it exhibits itself in enormously enlarged limbs, scrotum, and labia, is now by general consent handed over to the surgeons who lately have certainly been quite successful in their treatment by the knife, or by ligature of the arteries feeding it. We therefore omit all further mention of it here.

Pellagra also belongs not at all with cutaneous medicine, although the morbid appearances on the skin are so striking. Even if we should go over the very large recent literature of this curious malady, there would not, unfortunately, be any very great advance in pathology or treatment to report. To general clinical medicine we therefore leave it.

LEPROSY, OR ELEPHANTIASIS GRÆCORUM,

belongs, also, rather to general clinical medicine, although it is spoken of in works on dermatology. Since Boeck and Daniell-

sen's great work on leprosy as seen in Norway, which was published in 1848, there has been much written on elephantiasis Græcorum as observed in various parts of the world. A series of replies to Virchow's circular appeared in his Archiv. Boeck and Daniellsen also have continued their researches, and some are contained in their work now publishing on diseases of the skin, where the results of dissection and microscopic examination of the nerves and internal organs are more perfectly given. Their results tally in general with the more recent ones, of Virchow, Kōbner, and Simon.

A peculiar hardening of the skin in leprosy which resembled another affection, Neumann had opportunity of lately seeing. He found the papillary layer considerably raised, the whole cutis appearing thickened. The tissue is supplanted by cells which swell but little with acetic acid, so that only here and there fibrous connective tissue is seen. The fatty tissue is similarly destroyed. The seat of the change is in the corium, where over considerable extent are seen at first scattered *colloid cells*, with a more homogeneous, highly refractive substance (colloid degeneration). In the upper parts of the corium layers are met with consisting simply of aggregations of colloid globules. Strong bundles are also seen passing from below upwards, which more careful examination showed to be hypertrophic smooth muscular fibres. The lanugo is everywhere present in its apparently unaltered sheaths, often bent at an angle or in S-shaped tortuosities, and reaches deep into the corium. The sebaceous glands are generally destroyed; on the other hand, there are follicles enlarged and filled with horny epidermis and dried sebum. These are seen in considerable numbers.

The non-contagiousness of elephantiasis Græcorum seems to us now established, and such is the report of the College of Physicians to the British Government, which gives the most extended replies from observers all over the world, but of course more especially in the English possessions in India.

All these studies and general dissemination of knowledge in reference to elephantiasis Græcorum, serve to ameliorate the condition and better the care of the poor leper. Art, however, has not found out his cure. Prof. Boeck says, in reference to

the immigration of leprosic Norwegians, which also applies to the Pacific Islanders and Chinese coming to our shores, that he believes leprosy will disappear amongst the Norwegians in the United States, or will only be found in isolated imported cases. It will not be transmitted from generation to generation as an epidemic disease. Prof. Boeck is now studying the effect of change of climate and living on those affected with leprosy among the Norwegian colony in Minnesota.

As of special value to know we would here say that—

Berg has published a useful little book for reference, as a "Compendium of Diseases of the Skin," in which the synomyms are given and the tabulated systems of Willan, Biett, Biett and Alibert, Lebert, and Hebra. Among the host of names given to cutaneous diseases at one time and another we all are sometimes puzzled to know which is really meant, and here we are most likely to quickly find it.

Auspitz has published a pamphlet on "Soaps and their Action on the Sound and Diseased Skin," of value as describing all that are used in the Vienna school.

The results of the use of *carbolic acid* internally for diseases of the skin as seen in Hebra's wards in Vienna are given by Kohn and by Neumann. Externally used it is, of course, like tar in its action. Internally, in doses of from six to nine grains daily, it reduces hyperæmia, diminishes the quantity of epidermis formed, and acts upon the peripheral nerves in such a way as to overcome the itching. As a parasiticide we spoke of carbolic acid above.

We have thus given what have seemed to us the most important recent advances in the pathology and treatment of diseases of the skin. All this, however, by no means expresses the great advance dermatology has made, as shown by its recognition at the medical schools where now it is specially taught. It is a satisfaction for us to be able to say that at the best medical schools almost everywhere, the graduates now know infinitely more about cutaneous diseases than they did ten years ago, and hence a corresponding advance in pathology and treatment. Dermatology, like other branches of medicine, has been, and is, greatly hampered by many so-called treatises, monographs, and

journal articles issuing from self-taught and unobservant specialists in cutaneous medicine. A great deal of French dermatology, and the larger part of English and American, represent but the gradual discovery on the authors' part of what Germans like Hebra have taught and published, or else are almost simple reproductions of the masters' lectures. To this we would not in any way object, if the masters' hands and brains were only as carefully acknowledged as they are easily recognized. The great standard works are, however, gradually being translated from one language into others, and will in time assert their authority by their self-evident truthfulness. We must, however, always remember that dermatology, like any other specialty, is not contained in any single treatise, nor does it come from any one teacher.

It is almost impossible to so describe a disease of the skin as to be perfectly understood even by those familiar with cutaneous appearances. Hence has always been felt the necessity of attaching to classic works series of portraits of the patients whom the author has had. How this has been done in past time by Willan, Rayer, Cazenave, and Wilson, is pretty well known and understood by the profession at large. How this is *being* done seems not to be so well understood. Prof. Hebra is gradually issuing a series of portraits of his patients, drawn from paintings in water-color from life, absolute copies from nature, to which nothing is added nor is anything subtracted. As he says, no matter what of new may be found in pathology and treatment, yet these portraits must remain truthful delineations of disease as it exists in nature, and therefore always of value. Many of these pictures are repeated by the New Sydenham Society, and others added that are thought of more practical value to English practitioners in the series they are publishing to accompany the translation of Hebra's work, the first volume of which is translated into English, and part of the second is out in German. There never have been any plates published which simply delineated the patient with his disease just as he sat down before the artist, and only such wonderful talent as the lamented Elfinger had, ever gave such life-like and true representation. An artist cannot copy unless he perfectly understands what he is copying.

Of more limited usefulness, except for teaching, are the truly wonderful colored casts recently made in Paris, which in reality present the patient directly to you. For lecturing they are, perhaps, even better than the patients. They cannot, of course, be at hand where the practitioner may consult them, as he can turn to his portfolio of plates to refresh his memory.

To the surprise of all, photography has quite failed in endeavoring to represent cutaneous diseases. It has been now pretty thoroughly tried, and the result is most unsatisfactory. We must agree with a shrewd observer and truthful recorder, Mr. Jonathan Hutchinson, that without color the photograph shows little or nothing of the disease; and if hand coloring is put on, you at once destroy the special value of a photograph, its absolute accuracy as to detail. The test is this: Can you say what the disease is from the photograph without the name attached to it? We have repeatedly failed. Moreover, to a large number of those published the real name of the disease photographed is not appended, but some other one. Hence photographs of cutaneous diseases have not been received with any great favor by professed dermatologists. As placards they, of course, serve a special purpose for both artist and doctor.

Advance in the pathology and treatment of cutaneous affections should certainly now be more rapid, since besides the standard works gradually appearing, there are special journals published in German, French, Italian, English, and American. All but the English are devoted to syphilis also. An interchange of knowledge becomes much more rapid, and useful results are more quickly disseminated. The German journal, undoubtedly, stands the highest as to the weight and character of its articles. The French, Italian, and American seem at present more especially devoted to syphilis. Excepting a few articles, the English *Journal of Cutaneous Medicine* seems now, as before, more especially devoted to twaddle, which should not be the case in a country where Hutchinson, Fox, and Anderson live and teach.

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